

Child Safety Handbook

Edition 5

A guide to injury prevention for
parents of 6–12 year olds

Compiled by
The Royal Children's
Hospital Safety Centre,
Melbourne



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The **Royal Children's**
Hospital Melbourne



Acknowledgements

The Royal Children's Hospital Safety Centre could not have compiled this book without the many contributors mentioned in each section. We would like to thank all contributors for sharing their resources, experience and expertise so willingly.

The Department of Education and Early Childhood Development and the Office for the Child Safety Commissioner have assisted us greatly in the development of this resource.

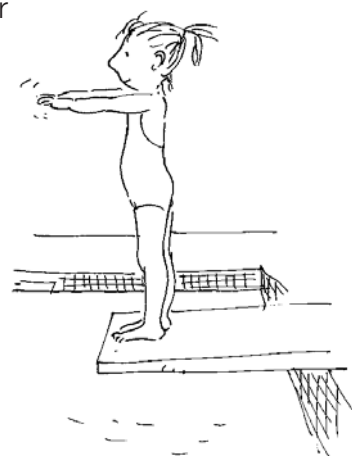
Thank you to Jocelyn Bell for allowing us to use her illustrations.

The Royal Children's Hospital Safety Centre also acknowledges the generous contribution from ExxonMobil Australia for this Safety Handbook. We thank ExxonMobil for its long term support of The RCH Safety Centre (which spans seventeen years) and for its commitment to community safety.

All these contributions have enabled us to provide this resource and to continue our work in promoting interventions to reduce unintentional injury.

Finally, we would like to thank our sponsors for strongly supporting our work in keeping children safe.

Barbara Minuzzo, Helen Rowan & Liz Young
Safety Centre
The Royal Children's Hospital
February 2009



ExxonMobil's Partnership with The Royal Children's Hospital Safety Centre

The ExxonMobil Australia group of companies actively supports community projects in areas in which it operates. ExxonMobil congratulates the Royal Children's Hospital Safety Centre on producing the *Child Safety Handbook A guide to injury prevention for parents of 6-12 year olds*.

The information focuses on the leading causes of death and injury in this age group and strategies to promote children's safety. The Handbook will be of interest to parents, teachers, children's groups and health promotion agencies.

ExxonMobil and the Safety Centre have worked together to produce a range of free community education resources available from the Centre or its website www.rch.org.au/safetycentre

Further information about ExxonMobil Australia is available at www.exxonmobil.com.au

Emergency numbers

Ambulance, Fire, Police (24 hours)	000
Child Protection Crisis Line (24 hours)	131 278
Direct Line (24 hour Drug & Alcohol counselling and referral)	Freecall 1800 888 236
Kids Help Line (24 hour telephone and online counselling for 5 to 18 year olds)	Freecall 1800 551 800
Lifeline (24 hour telephone counselling and referral)	131 114
Parent Line (24 hour helpline)	132 289
Poisons Information Line (24 hours)	131 126
Suicide Help Line (24 hour helpline)	1300 651 251
Nurse on Call	1300 60 60 24

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Whilst appreciable care has been taken in the preparation of the material included in this publication, readers must appreciate that the text may contain errors and the interpretation of methods explained in the publication is consistent with current technology and thinking but if a new technique is developed then this interpretation may be obsolete.

Users of this publication must appreciate that whilst authors have taken all due care in the preparation of the material included, it does not constitute medical advice in relation to any particular situation and if there is a problem, appropriate medical advice must be sought. The authors, nor The Royal Children's Hospital, accept any responsibility to persons who may act on anything written in this Handbook.

The Safety Centre at The Royal Children's Hospital, Melbourne

The Safety Centre is an affiliate Safe Community Support Centre recognised by the World Health Organisation (WHO). Since 1979 the Safety Centre's mission has been to reduce unintentional death and injury by supporting communities to improve health, safety and well-being.

The Safety Centre aims to reduce accidental injury through:

- Information and advice
- Education programs and services
- Approved safety products for sale
- Media campaigns
- Support for legislative reform
- Support for improved product and environmental design.

Safety Centre services and resources

Telephone advisory service

The Safety Centre provides trained and experienced safety consultants to respond to information requests from the general public by telephone, fax or email. Information requests are received each day from people such as parents, carers, health professionals, teachers and students.

Frequent requests include information on car restraints, kitchen and bathroom safety, guidelines for purchasing nursery furniture, toy safety and outdoor safety. Referral can be made to other safety promotion organisations that provide specific support and resources.

This service is available Monday–Friday, telephone (03) 9345 5085.

Information and advice

Professional information and advice is readily available for visitors, by mail, email and fax or:

W www.rch.org.au/safetycentre

This information may be in the form of brochures, information sheets, booklets and posters. Information is also available in many community languages.

Education programs and services

The Safety Centre's trained safety professionals conduct education sessions by appointment. The majority of participants are parents, many from the Maternal and Child Health Centre's first parents groups.

Workshops and seminars are conducted regularly and are specifically tailored to groups such as family day care providers and carers, community outreach workers, safety and health promotion students, childcare students and secondary school students. Multi-lingual peer education programs are also available.

The Resource Centre for Child Health and Safety

The Resource Centre for Child Health and Safety at The Royal Children's Hospital is a resource centre for families and professionals. The centre retails books for parents, medical texts and home safety products.

Located on the first floor of the main building in The Royal Children's Hospital, the centre is open Monday to Friday 9am–4.30pm (excluding public holidays and the Christmas break). The centre provides:

- A range of approved books for purchase on parenting children and adolescents, disabilities, specific illnesses, death, grief and sexuality. These include medical and parenting books written by The Royal Children's Hospital staff.
- A range of home safety products for purchase to assist in preventing serious injury to children. Products include

cupboard and drawer locks, electrical and fire-safety products and first aid kits.

- A range of paediatric textbooks for purchase by medical and nursing staff.
- A mail-order service available worldwide for the purchase of books and safety products by credit card. Postage and handling costs apply. A catalogue and order forms are available.
- A limited health-information service by phone, fax or email. It must be emphasised that the staff are not able to provide advice or interpret medical information about a diagnosis. This is best done by the treating doctor. Phone information is also available about a range of The Royal Children's Hospital services and how to access these.
- A rare diseases database for more detailed information on childhood diseases.
- Contact details for more than 200 Victorian support groups and other community organisations.
- A small medical reference section with photocopy services available for a small charge. Books are not available for loan.
- Maps, transport information and travel claim forms for visitors beyond the city of Melbourne.

Other resources:

- A wide range of safety products are installed or displayed in the Family Resource Centre. Visitors can complete a 'Self Guided Tour to Safety Products'. Please call first to arrange this on (03) 9345 4662.
- Families with special-needs children or those wanting individual advice on home safety are welcome to make an appointment with a safety consultant in the Safety Centre. Telephone (03) 9345 5085.

**For further information contact:
The Royal Children's Hospital
Safety Centre**

Flemington Road

Parkville VIC 3052

T (03) 9345 5085

F (03) 9345 5086

E safetycentre@rch.org.au

W www.rch.org.au/safetycentre

**Resource Centre for Child Health
and Safety**

Open Mon–Fri 9am–4.30pm

Located Level One

The Royal Children's Hospital

T (03) 9345 6429

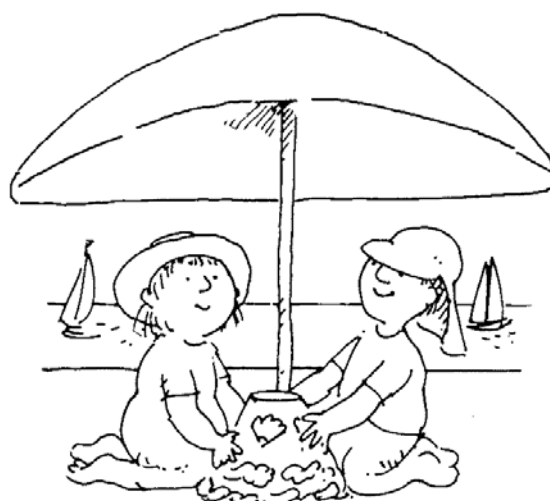
F (03) 9345 6120

E chas.bookshop@rch.org.au

W www.rch.org.au/chas

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Introduction

The Safety Centre at The Royal Children's Hospital, Melbourne has compiled this book with the support and expertise of the many contributors named in each section.

The book is for parents of young children, but we hope children and their teachers also find the contents of interest. We are particularly targeting 10–12 year old children as they head towards secondary school. Some children will then take on greater independence especially when enjoying outdoor recreational activities or travelling to and from school.

Although there are other relevant issues for parents of upper-primary-school students, we have not attempted to address each one. Instead we have kept within the boundaries of our work in the Safety Centre by focusing on the prevention of unintentional injury.

The contributors in this book have written each section independently so this is why each has a style of its own. The contributors are recognised in their field of expertise and we again acknowledge their input.

We have tried to link each section within a consistent framework with messages for parents (and some for children), resources for teachers and parents, plus further contacts for more information.

The chapters are presented in a priority order to reflect the major causes of death and injury in this age group.

The health of young children

During this developmental stage among children, there is a range of health conditions and disabilities that may impact on their capacity to participate in sport and leisure activities and place children at risk of injury. These issues may also make children more vulnerable to bullying and place their personal safety at risk.

Chronic illness and disability in children

A chronic illness may result in children having to follow treatment protocols and take medication to assist their wellbeing, but this may also have side effects. It is critical to the safety of your child that parents work in partnership with teachers and all others responsible for the child at any time. To minimize risk, any special needs, action care plan or treatment protocols must be communicated in writing and discussed with the relevant people.

Resources for parents and teachers

Many parent support groups have also developed excellent resources for parents and teachers, including conditions such as cystic fibrosis, diabetes, epilepsy and Crohn's disease. The Royal Children's Hospital Support Group Directory lists many of these groups on their website www.rch.org.au/chas

The Department of Education and Early Childhood provides all parents of new school children with a copy of *Welcome to School – A Parent's Guide to Victorian Government Schools*. For more information or to download a copy of this publication visit <http://www.education.vic.gov.au/about/publications/newsinfo/welcomeschool.htm>

Profile to unintentional injury among 10–12 year olds

Prepared by the Victorian Injury Surveillance Unit based at the Monash University Accident Research Centre.

Injury deaths, 2006

Among Victorian children aged 10–12 years, there were four deaths due to accidental injury during 2006. Two of these deaths were transport related, one was fire related and the other was poisoning related.

There were also 2,648 hospital admissions and 14,495 emergency department presentations for this same age group during 2006.

Injury hospital admissions, 2006

Causes (mechanisms) of injury hospital admissions

- The major cause of injury hospital admissions in 2006 was falls (49%), followed by transport, including bicycle injury (20%), hit/struck/crush (14%) and cutting/piercing (5%).
- Falls were commonly during sport, mostly Australian Rules football, soccer and basketball (37% of falls) and from playground equipment (16%).
- Transport mechanisms consisted of bicycles (50%) and motorcycle riders (21%).

Place of occurrence (location) of injury hospital admissions

The location was unspecified in more than half (53%) of all injury hospital admissions recorded in 2006. Injuries resulting in admission mostly occurred at school (33%), at sports and athletics areas (26%) and in the home (18%).

Nature of injury and body region injured

The most frequently occurring injury diagnoses for all injury hospital admissions in 2006 were fractures (58%), open wounds (13%) and intracranial injury (4%). The body regions most commonly injured were the upper extremity (53%), lower extremity (19%) and head, face and neck (18%). Forearm fractures were the

single most common injury accounting for 32% of all hospital admitted injury.

Emergency department presentations (non-admissions), 2006

Causes (mechanisms) of injury in emergency department (ED) presentations

- The most common causes of all injury ED presentation in 2006 were falls (42%), struck by/collision with object or person (26%), transport (7%) and cutting and piercing (6%).
- Fall injury in this age group were commonly associated with sport and recreational activities (26%) including: football, basketball, soccer and netball. A further 6% of falls are associated with playground equipment.
- Struck by/collision injuries were also associated with sport and recreational activities (32%) mostly playing football, basketball, soccer and cricket.
- Transport injuries were mostly associated with bicycle riding (49%).

Place of occurrence (location) of injury in ED presentations (non-admissions)

4,177 (29%) injuries occurred at home, 3,302 (23%) at school, 1,865 (13%) at athletics and sports areas, and 1,446 (10%) at places of recreation.

Nature of injury and body region injured

The most frequently occurring injury diagnoses for ED presentations (non-admissions) in 2006 were sprains/strains (29%), fractures (24%), open wounds (13%) and superficial injuries (10%). The body sites most commonly injured were the hand/fingers (16%), (16%), feet/toes (9%), ankle (8%), forearm (8%), knee (6%), elbow (5%), face (5%) and head (5%). Wrist fractures were the single most common injury (7%).

Key messages for parents and teachers

Among children aged 10–12 years, falls, transport-related and hit/struck/crush injuries are the significant targets for prevention action. Parents can assist in the prevention of injuries by:

- Providing their children with, and encouraging them to wear, appropriate and correctly fitted personal protective equipment for the activity being undertaken e.g. helmets, wrist guards, elbow pads, knee pads, mouth-guards.
- Ensuring their children are appropriately instructed in the techniques needed to safely undertake their activity of choice e.g. safe stopping and falling techniques for skateboarding and in-line skating.
- Choosing safe areas for sports and recreational activity, i.e. checking sports playing surfaces, ensuring playgrounds have adequate undersurfacing.
- Purchasing equipment (bikes, skates) appropriate to the size and experience of the child and making sure that such equipment is well maintained.

Resources

Information including injury surveillance reports are published in *Hazard*, the quarterly journal of the Victorian Injury Surveillance Unit (VISU) and is available for downloading from the internet at: www.monash.edu.au/muarc/VISU and then clicking on the *Hazard* icon.

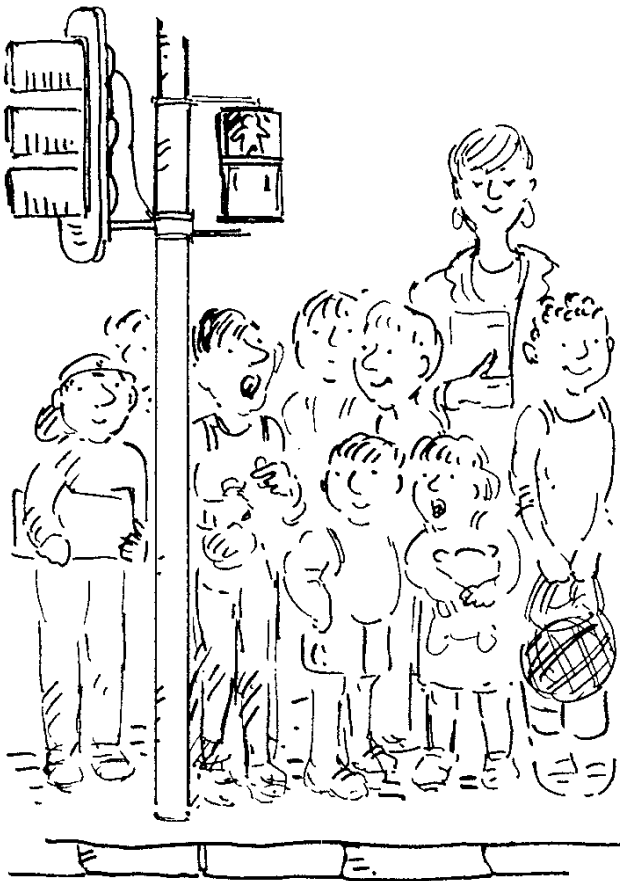
For further information contact: VISU

Monash University Accident Research Centre
Monash University
Wellington Road, Clayton 3168

T (03) 9905 1805

*Our thanks to the Victorian Injury Surveillance Unit,
Monash University for contributing this section.*

Road safety



Travelling safely to and from school on foot

Statistics indicate that the journey home from school is the one that results in most casualty collisions to primary-aged children. Many parents and children assume that by the age of 11, children have mastered the skills they need to be safe in the traffic environment. The perceptual and motor skills needed require attention, judgment, timing and control.

Like learning to play tennis or the piano, road crossing needs supervised practice in

successively more difficult situations before it is mastered. Parents need to observe how their children go about choosing the safest place to cross, how thoroughly they scan for traffic, how directly they cross and whether they behave as carefully when they have friends with them. It is not sufficient for a child to 'know' what to do, or be able to explain what to do when asked: parents need to observe deliberately and determine for themselves how ready their child is for independent travel. Children aged 10 and 11 are still likely to be confused when traffic conditions change suddenly.

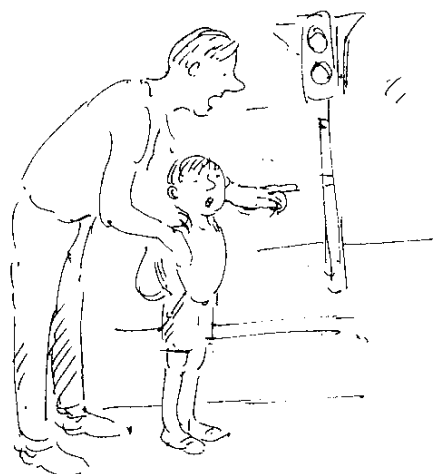
Above all, parents need to lead by example, following road rules and choosing the safest road crossing option.

What parents need to know and do

- Continue to reinforce the need to search thoroughly for traffic no matter how quiet the road may seem.
- Encourage children to use controlled crossings wherever possible.
- Work out with the child the safest route to take to and from school – especially when starting secondary school.
- Encourage the child to wear or carry something bright on dull days and if the child will be travelling in the dark.
- Be aware that children may seem to know what to do in traffic but can still be distracted when with a group.
- Observe children's road crossing behaviour to determine their readiness for independence.
- Talk to children about the road rules that affect pedestrian safety. Stress that children should aim to spend as little time on the road as possible: i.e. take the most direct route when crossing.

What children need to know and do

- Explain and demonstrate safe road crossing at controlled and uncontrolled intersections, using the 'Stop, Look, Listen and Think' procedure.
- Explain and demonstrate how to use children's crossings, pedestrian and railway crossings and at lights.
- Work out with parents the safest route to take to and from school and explain what makes it safe.
- Cross safely mid-block and, when necessary, from between parked cars.
- Be aware that it is easy to be distracted from checking thoroughly for traffic when with a group.
- Have a good understanding of the road rules that affect pedestrians: such as drivers do not have to give way to pedestrians at roundabouts, but are required to give way to pedestrians crossing the road into which they are turning. Children also need to be aware that drivers do not always do this.



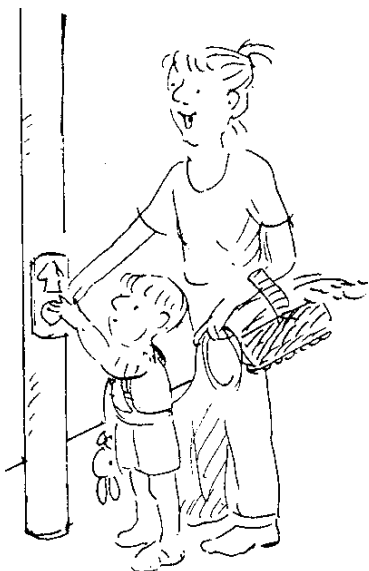
What parents need to know and do

- Make sure all child passengers use a correctly fastened seat belt on every journey – one seat belt per passenger.
- Carry child passengers in the back seat where it is safer. If the front seat has to be used, the biggest (not necessarily the oldest) child should travel in the front.
- Drive slowly and carefully near schools, and obey the lowered speed limits around schools. This will be a 40kph zone during school pick up and drop off times, or 60kph in some settings.
- Obey **all** parking signs. In particular, never double park.
- Make sure you do not park too close to or on a school crossing, so that drivers and children have maximum opportunity to see each other.
- Children must always enter and exit the car on the kerb side, the safety door side.
- Try to pick up and drop-off on the school side of the road even if this means parking further away from the school.
- Make sure children understand that vehicles only have to stop at a school crossing when the flags are in place.
- Give children plenty of time to get to school. A child, who is anxious about being late, is likely to take risks when crossing the road. (It is also true that a driver who is anxious about being late is likely to be less cautious when approaching a school.)

Travelling safely to and from school by car

Many parents believe that they are keeping their children safer by driving them regularly to school. In fact current road statistics show that the likelihood of death or serious injury in a car is far greater than as a pedestrian, school bus traveller, public transport user or bicyclist. Driving may actually contribute to more dangerous traffic congestion around schools. Being driven to school deprives children of the opportunity to develop and practise vital road crossing skills under supervision. (See *Travelling safely on foot*).

Parents need to be aware of the dangers associated with dropping-off and picking up children from school. Many schools resort to calling their council by-laws officers to police unsafe parent parking. Crossing the road is the greatest danger to children who are driven to school, but passenger safety is equally important.



What children need to know and do

- They need to wear a seat belt on every journey. It should sit flat on the shoulder, and low over the pelvis and have all slack removed if it is to provide maximum protection in a crash.
- Expect and prefer to travel in the back seat because it is safer. If absolutely necessary, older students should occupy the front passenger seat rather than younger children.
- Know how to use a children's crossing with or without a supervisor and understand the 'Stop, Look, Listen, and Think' road-crossing process.
- Enter and exit the car via the kerbside door, the safety door.
- Understand that quarrelling, scuffling and noisy behaviour can distract the driver who needs to be particularly alert when driving around schools.
- Understand that on wet days vehicles may take longer to stop and drivers will find it harder to see pedestrians crossing the road.
- Be confident that it is better to be late than never.

Travelling safely to and from school by bus

Bus travel is traditionally a very safe form of transport. Only one child has died on a school-route bus in the last thirty five years in Victoria.

It is unusual for buses to crash or for bus passengers to be hurt. When children do suffer serious or fatal injury it is on their way to the bus stop or after leaving the bus; again, most frequently after school.

What parents need to know and do

- Make sure your child has plenty of time to get to the bus stop. A child who is anxious about missing the bus is likely to take risks.
- Drop your child on the same side of the road as the bus stop if possible. If it is not possible, stop the car and accompany your child to the other side of the road. Make sure you demonstrate the 'Stop, Look, Listen and Think' procedure when crossing the road.
- Encourage your child to wear light coloured clothing or carry a bright coloured school bag, especially on wet or dark days.
- Make sure your child understands to wait quietly for the bus, well back from the kerb and knows what to do if the bus is late or does not arrive at all.
- Remind your child to keep bags and sports equipment under seats and that nothing should go out the window – no papers, litter, arms or heads.
- Make sure your child knows where the emergency exit is in case they ever need to use it and advise them to follow the driver's instructions in an emergency.
- When meeting the bus to collect your child at the end of the day, do not park in the bus-parking bay. Buses need all the space that they are allocated. Wait and/or park on the same side of the road as the bus stop. If you can't park on the bus stop side of the road, try to wait for your child on the bus stop side. Children, who are tired or excited at the end of the day, are safest if you meet them at the bus stop and cross the road together.
- Notify the school if an older child, who usually travels with a younger child, will be away from school.
- Notify the school if your child is going to travel home by a means of transport that is different from usual.

What children need to know and do

- Feel that being ready on time is a good thing.
- Understand that they need to step well back from the bus to leave room for it to leave, wait until the bus has gone and **stop** at the curb, **look** to see there is a clear view **both** ways down the road **listen** for any traffic that maybe out of view (say round a corner or obscured by vegetation or construction) and **think** before deciding to cross the road.
- Assist in selecting bright clothing or bag that they are happy to wear or carry in order to maximise their visibility.
- Know where it is safe to wait for the bus and what to do if the bus is late or does not come.
- Try to sit in a seat, with bags under the seat and not put their heads or arms out the window.
- Know where the emergency exit in the bus is and expect the driver to take control in an emergency.
- Wait at an agreed place to be collected or have identified a safe route to take home.
- Not behave in such a way as to distract the driver who is responsible for the safety of everybody on the bus.
- Take responsibility for their own and others' safety.

Travelling safely to and from school by bike

Like road crossing, cycling skills take many years of practice to develop and need graduated, supervised practice in the real world with a caring adult. Most deaths from crashes involving bicycles result from head injury. Protecting the head from sudden impact is vital. When riding a bicycle on the road, a cyclist is regarded as being in charge of a vehicle and must obey the same rules as motorists as well as some special ones for cyclists.

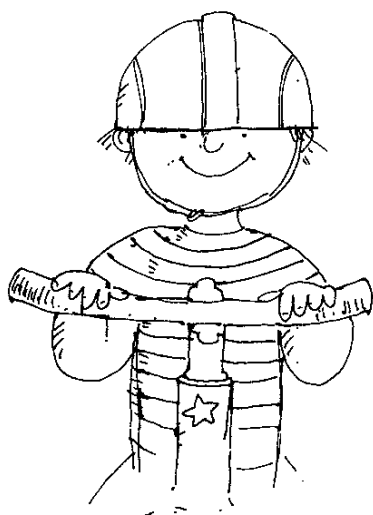
What parents need to know and do

When cycling, set a good example not only to your own but also to others' children.



Ensure that:

- You do a regular bike check with your child. It is a good idea to ask your local bike shop that has the expertise to help you with this.
- Your child's bike is the right size.
- Handlebar ends are covered.
- The seat is the right height and firm.
- The bell or horn is in working order.
- The pedals spin freely.
- Tyres are fully inflated.
- Brakes are in working order.
- There is a white headlight and red tail light and reflectors if the child is likely to ride at night or even at dusk.
- Insist that children never ride without a helmet. Allow children to choose the helmet as long as it meets the Australian Safety Standard AS/NZS 2063.
- Ensure children's helmets fit well, are not damaged and that children understand that the helmet will not do its job if the straps are not done up or are loose.
- You ride with your children on the footpath (this is legal if you are supervising a child under 12) and check that both you and your children:
 - Keep left
 - Give way to pedestrians
 - Obey signs
 - Do not ride too fast for others' safety
 - Are extra careful around dogs, young children or elderly path users
 - Are aware of the dangers associated with driveways, laneways and intersections



- Dismount at pedestrian and children's crossings.
- If children ride on the road, check that they ride predictably, by using bike lanes correctly, signalling their intentions well, moving precisely and clearly, scanning properly, and gaining eye contact with other road users when appropriate.

What children need to know and do

- Understand it is important to have a well maintained bike that is the right size.
- Be able to pump up their own tyres and check that brakes, horn and lights are working well before each use.
- Wear an approved helmet (with an Australian Standards certification – this should be a tag stuck on the helmet) that is correctly positioned, firmly fastened with no slack in the straps when and wherever they are cycling.
- Understand the rules for riding on footpaths, shared footways and roads.
- When riding on the footpath, keep left, give way to pedestrians and ride at a speed that is safe for other path users.
- When riding on the footpath take special care when approaching driveways, laneways and intersections.
- When riding on the road, ride predictably, one metre out from the kerb.
- Understand that motorists find cyclists very hard to see, especially at dusk and at night. It is important to wear bright clothing and have good head and tail lights.

- Wherever they ride they need to scan well ahead, checking for others and potential hazards.
- Cyclists are expected to dismount and wheel their bikes across pedestrian and children's crossings.
- It is important not to let friends distract them from safe, responsible riding when travelling together.

Resources for teachers

While the perceptual and motor aspects of road crossing and cycling are most effectively developed in the real world with parents and carers, school based activities are important in giving children the opportunity to reflect on what they have learned from experience. Teachers can provide additional reinforcement activities that assist in the development of responsible attitudes to safety, and can clarify rules and responsibilities and confirm children's understandings.

Kids on the Move

A new traffic safety education resource for primary schools has been developed. *Kids on the Move* provides the essential learnings in Traffic Safety. The resource consists of three books and a DVD for use with parents and carers. Book 1 explains a whole-school approach to improving road safety for students. Books 2 and 3 contain essential and practical activities for schools to conduct. The DVD, *A Child's World of Traffic*, highlights for parents the developmental issues that put their children at risk. *Kids on the Move* can be downloaded online at: <http://www.education.vic.gov.au/studentlearning/programs/traffic/resources.htm>

Bike Ed – for children aged nine to 13.

The Bike Ed program (years 4–6 primary school resource) has been redeveloped throughout 2007/2008 and is now available for schools as of Term 1 2009.

Resource components:

- 1 DVD – *Ed's Excellent Bike Ed Adventure* a ten-minute film designed to motivate and instruct students on best practice for cycling on the road. [NEW]

- 2 Teachers manual – with practical and classroom activities, information sheets and take home activities (130 pages)
- 3 Family Guide – information for parents (20 pages) to support their child's riding skills development, emphasise the need for correct riding gear and a safe bike and highlight safer places to ride. [NEW]
Available online at <http://www.vicroads.vic.gov.au/Home/RoadSafety/RoadSafetyEducation/PrimarySchools/#Ed>
- 4 Cycling scenes – for class discussion (11) with teacher notes on back pages (A3)
- 5 Student certificates (3 levels)
- 6 Traffic signs – 5 durable/plastic coated (A3) signs are used by teachers to simulate on-road traffic signs that riders observe and respond to whilst on the Bike Ed course in the school ground.
- 7 Vehicle cards – 4 durable/plastic coated (A3) used to simulate on-road vehicles used during sessions taking place on the *Bike Ed* course in the school ground.
- 8 Set of checklists – A5 size laminated sheets are designed for use during riding activities to ensure that all riding manoeuvres are covered.
- 9 CD Rom – This resource provides an opportunity for teachers to print any components of the Bike Ed program they require. [NEW]

To order – contact Vic Roads Bookshop,
60 Denmark Street, Kew Vic 3101

T (03) 9854 2782

E bookshop@roads.vic.gov.au

Bike Ed training

Schools wanting to run a bicycle safety education program must have a staff member in charge who has successfully completed the Bike Ed instructor training course conducted by the Department of Education and Early Childhood Development's preferred provider – Wilcare Services Pty Ltd.

T 03 5277 2327 or 0438 525 889

W <http://www.education.vic.gov.au/studentlearning/programs/traffic/proflearn.htm> or
<http://www.bikeed.com.au>



Additional materials

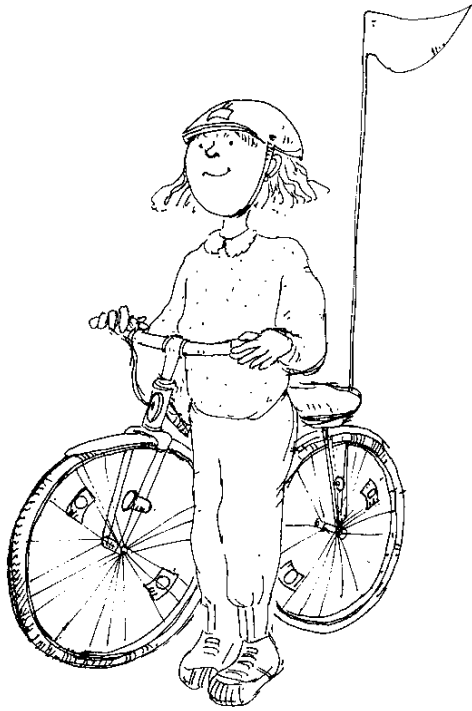
VicRoads Bookshop can also supply a range of posters, stickers and parent information free of charge to teachers of traffic safety education. VicRoads also has a video library that makes available a range of videos on all road safety issues free of charge to schools and community groups. For further information, to order a catalogue or a title you already know, contact VicRoads

60 Denmark Street, Kew VIC 3101

T (03) 9854 2782.

The Department of Education and Early Childhood Development has a number of online resources and links to other agencies' support for schools:

- *One Near Miss is a Miss Too Many* is a bus safety DVD for use by teachers, parents and students. This DVD covers all the major teaching points on bus safety for parents and students in the one resource. Available from the Department of Education and Early Childhood Development
T (03) 9637 3328
- *The Administrative Guidelines for Traffic Safety Education* can be accessed at <http://www.education.vic.gov.au/studentlearning/programs/traffic/>. The guidelines provide information on policy direction and how to run practical programs in schools.
- Links to all the key road safety agencies that support schools can be found on the Department of Education and Early



Childhood Development website <http://www.education.vic.gov.au/studentlearning/programs/traffic>

- The Department of Education and Early Childhood Development supports schools, together with the key road safety agencies, to incorporate Traffic Safety Education in

their core curriculum with resources, professional learning opportunities and readings and links to other support agencies.

- To find a wide range of classroom and support materials, programs and guidelines for teachers and school leaders visit <http://www.education.vic.gov.au/studentlearning/programs/traffic/resources.htm>
- To find out about Traffic Safety Education teacher training, local and regional support officers, conferences and research materials visit <http://www.education.vic.gov.au/studentlearning/programs/traffic/proflearn.htm>
- For further assistance and resources offered by a wide range of Victorian agencies that support Traffic Safety Education in schools visit <http://www.education.vic.gov.au/studentlearning/programs/traffic/agencies.htm>

Our thanks to Vic Roads and The Department of Education and Early Childhood Development for contributing this section.

Water safety

Play it safe by the water

When enjoying Victoria's wonderful coastline, lakes, river systems, public and home swimming pools, remember the following:

Know your environment

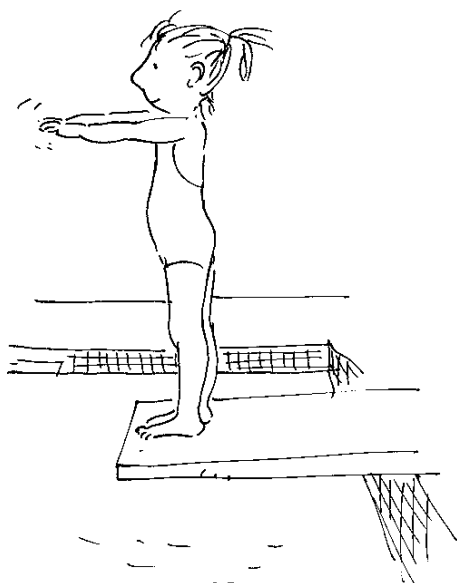
There are different safety rules for beaches, rivers, lakes and public or private swimming pools. Be aware of the local water environment and weather conditions before entering the water.

Behave safely

Obey all water safety signs, don't drink alcohol while in charge of a boat and make sure someone is looking out for you.

Learn to swim

Being able to swim is an essential water safety skill. Everybody, especially school-age children, should be taught to swim and how to stay



afloat. If you get into trouble in the water, thrown from a boat or swept out to sea, there are a number of basic skills to help you survive, such as staying calm, remaining with your boat or using a buoyant object to stay afloat. Being able to swim also opens up sport, leisure and great recreational experiences.

Drowning facts

From 1 July 2007 to 30 June 2008, 41 people lost their lives as a result of drowning/immersion incidents in Victoria. This is an increase of 4 drowning deaths compared to the previous year.

- Of those who drowned, 31 (76%) were males and 10 (24%) females. Males are three times more likely to drown than females.
- Similar to previous years, the majority of drowning deaths in 2007/08 occurred in summer, 13 (32%). The proportion of drowning deaths occurring in autumn and winter was slightly higher this year compared to the previous ten years (1997–2007).
- This year saw a decrease in drowning deaths in both inland waterways and the home environment compared to the previous 10 years.

At the beach – always swim between the red and yellow flags and never swim alone

Any beach can be dangerous. Beach-goers should be careful and always swim between the red and yellow flags, which indicate that the beach is patrolled by lifesavers.

When swimming between the red and yellow flags, always look back to the beach to check that you are still between the flags. If you choose to swim outside these flags, you could be moving into a more dangerous location.

What if the beach is not patrolled?

- As beaches are not patrolled every day of the year, please remember to:
- Never swim alone
- Check it's ok to swim
- Read and obey the water safety signs.

Rips

A rip is a strong water current running out to sea from a beach. Rips can easily sweep swimmers out to sea from shallow water, sometimes several hundred metres offshore.

Rips occur at all beach locations, including bays. Common signs of a rip are:

- Murky brown water caused by sand and seaweed being stirred up off the sea bed
- Foam on the surface extending beyond the break
- Waves breaking on both sides of the rip but not inside the rip (the rip may seem calm and inviting)
- Water that appears dark, indicating deeper water
- Debris floating out to sea.

If you are caught in a rip when at a beach patrolled by lifesavers, obey the three **Rs**:

Relax Stay calm and float with the current; swim across it, not against it.

Raise Raise an arm to signal for help.

Rescue Float and wait for assistance.

Surfing and bodyboarding

At a patrolled beach all surfers must surf



outside the blue flags. These flags are sometimes used to create a buffer zone between the swimming area (between the red and yellow flags) and the board-riding areas. No surfboards are allowed between the blue flags. Many of the best surf spots are found at beaches that are not patrolled, but if you are going to surf there, never surf alone! Surfers must take responsibility for their own and others' safety. Always let someone know where you are going.

Surfing and bodyboarding safety tips

- Always surf or bodyboard with a friend.
- Assess the conditions thoroughly prior to entering the surf.
- Continue to assess the conditions as they can suddenly change.
- When surfing or bodyboarding use the correct equipment – leg rope and nose guard for surfing, wrist strap and fins for bodyboarding.
- If you get into trouble, stay on your surfboard or bodyboard; it will keep you afloat.
- If you are caught in a rip, stay calm, stay with your board and paddle parallel to the beach, then catch a broken wave back to shore.
- Be aware of other people in the water and don't surf or bodyboard too close to swimmers.
- Don't surf or bodyboard when waves are dumping (these waves break with great force and can easily throw you to the bottom).

Inland waters – check it's ok to swim

Many people drown in Victoria's rivers, lakes and dams or are paralysed after diving into shallow water. The best way to check it's ok to swim is to ask someone who knows the area, such as a shopkeeper, caravan park owner or park ranger.

Lake safety

- Lakes may look calm but are often very dangerous. Strong winds can create



choppy conditions making it dangerous for swimming and boating.

- Strong currents are likely wherever a river enters a lake, and the lake bed may be soft and uneven where silt has been deposited.
- Cold water in lakes can be lethal. It is often much colder beneath the surface than you think.
- Suddenly submerging into cold water can cause distress, shock and lack of mobility. If you feel cold, get out of the water immediately.

River safety

- Never swim in fast-flowing water. Check the speed first by throwing in a twig to see how fast it travels.
- If you are caught in a current, float on your back and travel downstream, feet first, to protect your head from impact with any objects.
- Beware of submerged objects. Trees, branches, rocks and discarded rubbish can be very dangerous.
- Be careful not to stand near the edge of overhanging river banks, which can crumble away.
- Conditions can change rapidly due to heavy

rainfall or the release of water from storage areas. Remember that what is safe in the morning can be dangerous by the afternoon.

- Watch out for soft or uneven river beds, which can cause difficulties for waders or swimmers.

Pools – never take your eyes off

Never take your eyes off children in and around the pool. Active supervision means that the child is consistently watched by an adult within arms reach.

Pool safety tips

- Supervision means constant visual contact, not the occasional glance.
- If you leave the pool or water area, even for a moment, take the children with you.
- A swimming pool fence is not a substitute for supervision.
- Display a resuscitation chart on your pool fence.
- Familiarise children with water by taking them to lessons at the local pool.
- Empty paddling pools when they are not in use.

- Empty baths, basins, sinks, buckets and troughs, immediately after use.

Public pool safety

Even in a supervised public pool, never take your eyes off children swimming. Toddlers, in particular, have a natural attraction to water and their sense of danger and fear is underdeveloped. Special care should be taken to ensure that you **always watch them** around water. Here are some simple safety steps to follow:

- Active supervision means constant visual contact, not the occasional glance, even at a public pool. You should be within arms reach.
- A lifeguard is no substitute for parental supervision.
- Obey the lifeguard's directions.
- Follow pool rules.
- Be aware of other people in the water, particularly when it is crowded.
- Watch out for young children.
- Do not go out of your depth unless you are a good swimmer.

Home pool safety

Safety barriers – A legal requirement

It is law that swimming pools or spas on private residential properties in Victoria provide safety barriers to restrict access to the pool or spa.

Every private swimming pool or spa capable

of containing a depth of water exceeding 300mm must have a childproof safety barrier. A building permit is also required prior to installing the barrier.

Safety barriers, even when provided, are no substitute for adult supervision of toddlers and children who are playing in or near swimming pools or spas. Barriers are required for:

- Inground pools
- Jacuzzis
- Aboveground pools
- Hot tubs
- Indoor swimming pools
- Spas
- Bathing and wading pools.

To ensure that your safety barrier remains effective:

- Fit and maintain correct safety measures to gates, doors and windows (e.g. self-closing, self-latching devices, flyscreens).
- Make sure you remove any items such as chairs, boxes, pool pumps that could be used to climb the barrier to access the pool.

For further information, contact your local council or the Building Commission.

T (03) 9285 6400 or visit

W www.buildingcommission.com.au.

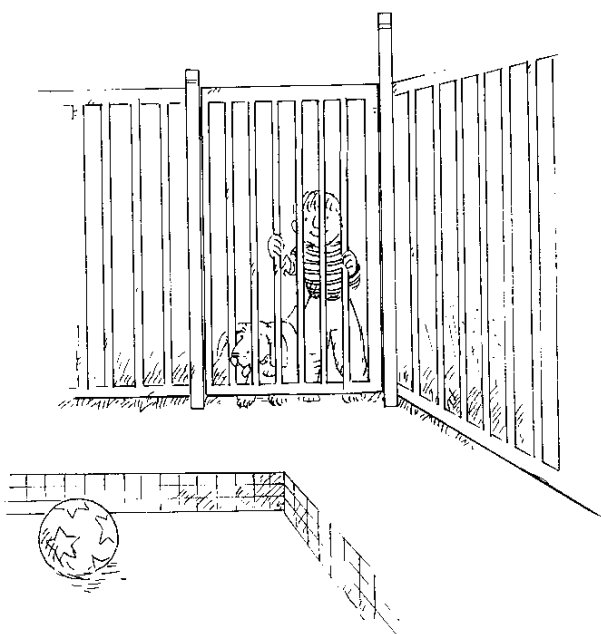
Water survival - remain calm to survive

What will I do if I accidentally end up in the water?

If you fall overboard, or are swept out to sea, or are caught in a river current, stay calm. You can stay afloat for a long time, even if you are exhausted. Some things to remember.

- Use any available buoyant object to assist flotation or stay with your boat.
- Remain as still as possible to conserve energy and reduce heat loss.
- If you must swim, use slow, relaxed strokes.
- Breathe in a regular and controlled manner.
- To attract attention, float on your back and raise one arm; waving both arms makes it very difficult to keep your head above water.





How do I avoid spinal injuries?

To avoid spinal injuries:

- Never dive into unknown water; always check that it's ok to swim.
- Check the depth and always check for submerged objects.

People who seem bewildered and experience lack of movement, muscle weakness, numbness or tingling are likely to have suffered spinal injury. The first priority is to ensure that the airway is clear. It is best not to try to move the victim but to seek expert help.

Boating safety

Before heading out ensure that your safety equipment is on board and easily accessible. Make a habit of running a regular maintenance check on your boat.

When do I need to wear a life jacket? (PFD)

- PFDs must be worn at all times* on:
 - Powerboats up to and including 4.8m
 - Off the beach yachts and paddle craft.
- PFDs must be worn at times of heightened risk* on:
- Powerboats greater than 4.8m up to 12m
 - All yachts.

What is heightened risk?

Heightened risk includes:

- At night
 - Boating alone
 - Crossing bars
 - High risk of capsizing or swamping
 - During a gale, storm, severe thunderstorm or severe weather warning issued by BoM
 - Yachts with no safety barriers, lifelines, safety harnesses or jacklines in use.
- * When in an open area of a vessel which is underway.

Inland boating safety tips

Seek up-to-date local knowledge, particularly if you are going boating, as conditions of rivers and lakes may be affected by low water levels.

Take extreme caution and operate your vessel at a safe speed.

Tree stumps and other submerged objects can present a hazard to the safe operation of boats – particularly those operating at speed. It is the responsibility of the boat operator to operate at a safe speed.

For more information:

W www.marinesafety.vic.gov.au

T Marine Safety Victoria on 1800 223 022.

How to get involved in aquatic activities and useful contacts

With our love of water and easy access to a variety of water environments, why not get involved in an activity offered from the following organisation:

Aquatics & Recreation Victoria Inc

T (03) 8843 2000

W www.aquarecvc.org.au

E info@acquarecvc.org.au

- Participate in VICSWIM, a fun and educational swimming and water safety holiday program conducted at pools, beaches, lakes and rivers across Victoria.
- Become a teacher of swimming and water safety (AUSTSWIM).

Marine Safety Victoria

T 1800 223 022

W www.marinesafety.vic.gov.au

Find out about boat licensing and other boating safety.

Life Saving Victoria

T (03) 9676 6900

W www.lifesavingvictoria.com.au

E mail@lifesavingvictoria.com.au

- Join a lifesaving club
- Do your lifesaving Bronze Medallion
- Learn CPR and First Aid
- Run water safety education programs at your local school.

Become a

- Professional beach lifeguard
- Volunteer lifesaver
- Professional pool lifeguard
- Teacher of swimming and water safety (AUSTSWIM)
- Nipper (junior lifesaver).

Surfing Victoria

T (03) 5261 2907

W www.surfingaustralia.com

E info@surfingvic.com

- Learn to surf
- Join a board riders' club
- Become a level 1 Accredited Surf Coach.

Swimming Victoria

T (03) 9686 5222

W www.swimmingvictoria.org.au

E sv.admin@vic.swimming.org.au

- Join a swimming club
- Become a teacher of swimming and water safety (AUSTSWIM)
- Become a swimming coach (NCAS accredited)

Swim School Owners Association of Australia (Victoria Branch)

T (03) 8662 5491

Yachting Victoria or your local yacht club

T (03) 9597 0066

W www.yachtingvictoria.com.au

E sailing@yachtingvictoria.com.au

- Join a sailing club and learn to sail.
- Contact your local aquatic centre or swim school for other aquatic activities, such as swimming and water safety programs, water polo, diving and synchronised swimming.

For further water safety information:

Play it Safe by the Water

Department of Justice

W www.watersafety.vic.gov.au

Playground safety



Risk, challenge and supervision for playground safety

To be effective playgrounds need to provide a range of play opportunities in which children experience high levels of physical activities and social interaction. Despite supervision and the best of intentions, injury-resulting accidents will happen. Studies over a 25-year period in Australia indicate that serious (hospital level) injuries reach a peak in both males and females at 6 years-of-age while trauma (emergency treatment before release) injuries peak for males at age 13 and females at age 11. However with at least 5,000 emergency treatments each year of children while at Victorian schools, playground safety needs to be considered as a serious issue.

While there is no in-depth research and there are differences in interpreting statistics, indicative data suggests that for school-aged children, fracture/dislocations and sprains/strains are the most common unintentional injuries and are associated with falls.

Actions directed towards minimizing injury-

related accidents must work from the concept that children are not little adults. We cannot expect them to use play equipment according to adult rules or behaviour, and partly as a consequence, children's injuries and their vulnerability to injury are again non-adult in characteristics.

Risk and challenge

A well-designed playground will stimulate the children's imaginations and tempt them to explore new dimensions to play. However in developing new ideas, children will come up against the boundaries of their current levels of skill – and it is the challenge which is exciting. There is always some risk in meeting a challenge, but this risk can and should be managed by support (physical and psychological), so that the child develops risk-assessment skills. In fact, a child who is not allowed to develop these skills tends to be less competent, especially later in life.

Given that no playground can ever be 100 per cent safe (because children are unpredictable), it is a question of managing the level of

risk, so that children learn to cope with it. This thesis is incorporated into the newly reviewed Playground Safety Standards (2003).

Constructive approaches

1 Design

Not every playground is designed to manage risk. Everyone involved in establishing and maintaining a playground needs to accept responsibility for eliminating unacceptable risks. Professional advice that covers both play and safety requirements should be sought. This could range from the size of grip surfaces to finger entrapment to freefall zones and soft fall areas. Special attention should be paid to climbing (or fixed) equipment design, ensuring that they have multiple access and egress points (since these create break off points which will allow children to withdraw or continue to a level at which they feel comfortable with). In case of litigation, it is necessary to be able to prove compliance with standards and that maintenance is according to a quality-based schedule. A certificate of compliance should be sought from every supplier or contractor.

2 Management

In a comprehensive study of management in playgrounds, King and Ball (1989) considered that:

‘Attitudes to playground safety vary with individual countries. Some tend to stress the need for increased responsibility of children, recommending safety awareness training, while others rely more on “passive” approaches. There is some evidence to suggest that improved safety awareness reduces accident rates in playgrounds, suggesting that there is no essential difference between accident prevention strategies for say roads and playgrounds’.

Since this survey, other studies, which have looked at the linkage between awareness and voluntary changes in behaviour and the general growth in skills, tend to support the theory. However any deliberate strategy should be tailored to the developmental level of the children concerned. There is no single strategy

for all ages. It is therefore suggested that children, parents and staff deliberately work together to develop an acceptable code of risk management. Such a code might include aggressive behaviour on climbing equipment, non-contact rules in ballgames etc. The vital element here is that children are more inclined to comply with a code that they themselves have developed. It could well become a standard project relating to the portions of the playground the children are using.

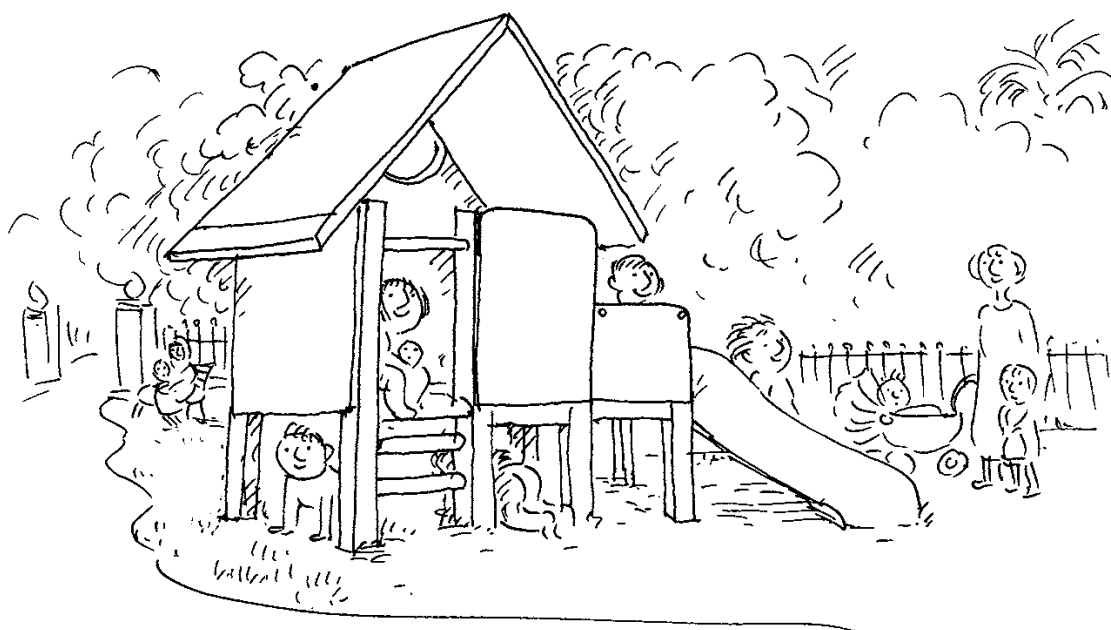
3 Supervision and support

Accidents are caused by a host of interdependent factors. Supervision is only one of these (although the most obvious). Apart from personal attitudes of the supervisor (such as a willingness to intervene), the biggest problem is related to playground design. A supervisor needs to be able to see the whole area by turning in an arc of 180 degrees – including any nooks and hidey-holes, which are a favoured play space of some children. Visual access should be part of the original design planning i.e. use low-level planting in gardens, consider height/placement of mounds or larger equipment. A supervisor also needs to have fast physical access to parts of the playground – which is linked to a careful (and sophisticated) design of access corridors and the location of adult-friendly benches.

It should be noted that equipment design is very important in providing physical or psychological support for children at play. Equipment with graduated challenge, which is age and ability-related provides what Vygotsky calls support scaffolding (a way to encourage a child to reach the next developmental level).

The way forward

Safety should always be assessed in terms of the development level of the children: the younger child may need emphasis on built-in design support, while older children may respond more to behavioural support. Because there is no single cause of playground injury, there can be no single preventative measure. Rather each playground should be assessed (particularly taking into account previous



incidents) for acceptable hazard management.

Children learn through play, but they should be able to do so in an area capable of being supervised. A well-designed playground is safe as well as challenging.

**For further information contact:
Play Environment Consulting**

Prue Walsh

PO Box 135 Albion QLD 4010

T (07) 3252 2262

W www.playconsulting.com

Our thanks to Play Environment Consulting for contributing this section.

The importance of outdoor play space

Play has an important role in human development. The provision of quality play opportunities is an integral part of a good learning environment. Through positive play, students:

- Interact socially
- Engage in dramatic play and role play
- Extend their creativity and imagination
- Observe, learn about and manipulate the natural environment
- Test themselves physically, while taking greater responsibility for themselves and other in physical challenges
- Develop hand-eye coordination and other

motor skills

- Engage in a range of self-directed activities, which aid each individual to develop independence.

Information for teachers

Play is an important complement to the 'formal' curriculum of the school.

School grounds, that provide a satisfying range of settings for play for students of different ages and interests, are likely to reduce the number of conflicts. The positive spin-offs include benefits to the student's self image and to the image of the school in general, including students that are easier to manage, that are more engaged with the school itself and reduced vandalism. A quality range of outdoor settings often also provides opportunities for staff to transfer some activities beyond the classroom in a real setting with which students can identify.

Play spaces

Engaging students in developing their school-grounds and play settings may also contribute to the school's sustainability. Typically, combinations of the following types of spaces are available:

- Large areas of hard surfaces (for a range of ball games, rebound walls, etc.)
- Smaller hard surfaced areas for hop-scotch,

- elastics and other small group games
 - Large grassed area for running, ball games, athletics and other activities
 - Play equipment for junior, senior and/or intermediate aged students catering for potentially large groups of students at any one time and providing a range of types of activities
 - Small spaces with seating for individuals and small groups
 - Smaller grassed areas for a variety of activities requiring intimate spaces
 - Sand play areas, dirt, water and planting for creative activities
 - Areas suitable for marbles, small cars and toys, digging, and play with loose materials and surfaces
 - Areas for dramatic/role play which might include decks, cubbies and planting
 - Shade and shelter, tables, seats, drinking water and other utilities
 - Shrubs and trees for hiding, shelter, cubbies and imaginative games
 - Tables and seats for a range of group activities
 - Gathering spaces for assemblies, performances and community activities
 - Gardens, including vegetable and flower-beds, arbours or raingardens
 - Quiet spaces as well as busy spaces.
- Areas around buildings such as steps and stairs, doorways and garden beds are valued play areas and could be appropriated by students for a range of activities. They should be considered when assessing the range of activities available and their safety.

Schools with limited space will need to consider many areas as multi-functional to enable the best value to be obtained out of each part of the grounds.

Resources for teachers and children

KIDS Foundation is dedicated to childhood injury prevention through education. KIDS Foundation aims to provide quality safety education programs that result in reducing preventable child injuries and death.

Our programs:

SeeMore Safety – A preschool health and safety education program delivered through kindergartens and playgroups. The SeeMore Safety program establishes the foundation for developing risk management life skills that will increase safety awareness and decrease injuries in children.

Safety Club – a school-based program developed to guide school communities on issues of child safety and injury prevention. The Safety Club assists schools, teachers and students to identify and manage hazards in their school environment. It is the basis for an on-going school safety program to protect our children.

The Safety Club is student driven with teacher assistance. Students are educated in the process of promoting the Safety Club and identifying, prioritising and managing hazards. Once educated, a core group of students take on the role of Safety Club representatives. These representatives then set about actioning Safety Club campaigns.

These students are safety role models of the school and promote the 'Think Safe, Play Safe' message.

For further information contact:

KIDS Foundation

E safetyclub@kidsfoundation.org.au

T 1300 734 733

W www.kidsfoundation.org.au

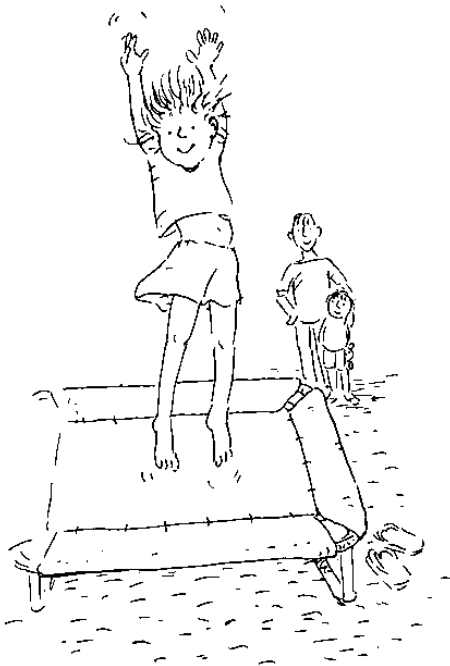
Our thanks to the KIDS Foundation for contributing this section.

Playground equipment for schools – standards and guidelines

Only approved playground equipment can be erected in school grounds. In general this includes sandpits, slides, horizontal and vertical ladders, gymnastic combinations, climbing nets and frames, and fixed climbing ropes. Seesaws, swings, maypoles, merry-go-rounds, roundabouts, and flying foxes are not approved. To assist with the development of such facilities, the Department has produced the Guidelines for School Playgrounds.

Additional information on playground design and construction can be found at the Playgrounds and Recreation Association of Victoria
W <http://prav.asn.au>

Our thanks to the Department of Education and Early Childhood Development, 2 Treasury Place, 33 St Andrews Place and 23 St Andrews Place, East Melbourne VIC 3002,
W www.education.vic.gov.au



Quality in playground safety

The best way to provide safe playgrounds is to provide a quality outdoor play program in a quality outdoor play environment.

How many hazards are hidden in your playground?

The major cause of playground injury is falling from play equipment onto hard surfaces. The potential for injury from a fall is greater if there is no impact absorbing material under and around the equipment. Impact absorbing material is required for all fall heights, particularly for fall heights above 500mm.

1 Inadequate safe fall zone

Impact absorbing material should not only be provided underneath play equipment but must extend at least 1.5m beyond the outside edges of the equipment. The fall zone shall increase from 1.5m to 2.5m depending on the free height of fall from 500mm to 2500mm maximum.

2 Lack of maintenance

Playgrounds should not be installed and then forgotten. It is essential that all playgrounds be regularly maintained. There should be no missing, broken or worn components. All parts should be stable with no apparent sign of loosening. Impact absorbing materials should be regularly checked for depth and any signs of vandalism. A systematic inspection and maintenance plan should be in place to ensure that the playground is safe.

3 Lack of supervision

Supervision by an adult carer is a key factor in playground safety. To make supervision easier and more comfortable, a play area should be designed to provide shade, seating and a clear view of the play area. Young children constantly challenge their own abilities, but are often unable to recognise potential hazards. In supervising play, the carer should make sure that the child uses equipment which is appropriate for his or her age/size.

4 Platforms without guardrails

Raised surfaces such as platforms, ramps and bridges should have guardrails and barriers (infill) to prevent falls. It is important that rails and barriers are vertical so that they cannot be used as footholds for climbing.

5 Trip hazards

Trip hazards are created by parts of playground equipment or items on the ground. Exposed concrete footings, abrupt changes in surface elevations, playground edging, tree roots, tree stumps and rocks are all common trip hazards that are often found in the play environment. Exposed concrete footings pose a serious risk for injury if a child falls on them. They should be buried at least 200mm below ground level.

6 Age-inappropriate activities

The developmental needs of children vary greatly. To provide a challenging but safe play environment for all ages it is important that the equipment in the playground be appropriate for the age of the intended user. Close supervision is important of younger children in particular. Whilst it is common to provide separate areas for younger and older children, there are significant supervision difficulties in doing this. The best-designed playground is one which

has a diversity of age related activity within a reasonably confined area.

7 Overcrowded play areas

Serious injuries can result from collisions if the play area is overcrowded. Whilst the amount of space between separated play items can vary according to the Australian Standard AS4685, 2.5m is recommended as the minimum distance between each piece of play equipment and all paths, fences, trees, buildings, structures and other equipment in schools. Active play areas should be separated from quiet, creative areas. For example, a slide should not direct children into a sandpit used for creative play.

8 Potential entrapment

Equipment should be built and installed in a way so that a child's head, neck, limbs or fingers cannot become trapped. Any gap in the play equipment is not an entrapment unless it is possible to become trapped due to forced movement, such as going down a slide or a pole.

9 Pinch points and sharp edges

Equipment should be checked regularly to make sure that there are no sharp edges. Moving components such as suspension bridges, track rides, seesaws and swings should be regularly checked to make sure that there are no moving parts or mechanisms that might crush or pinch a small finger.

10 Things that protrude or tangle

Protruding bolts and other pieces of hardware or components of equipment can cause bruises and cuts if a child bumps into them. These protrusions can also act as hooks, which can catch a child's clothing and potentially cause strangulation if a child is caught by a hooded top. Ropes should be anchored securely at both ends so that they cannot form a loop or noose.

Ground surfacing in playgrounds

Why is the ground surface in an outdoor play space so important?

A significant body of scientific research indicates that the frequency and severity of playground head injuries, resulting from falls

from playground equipment, are substantially reduced where an adequate impact-absorbing surface is provided.

Where is an impact-absorbing surface needed?

The Australian Standard states that an impact-absorbing surface is needed wherever falls from play equipment are possible – ie. in the 'fall zone'.

Impact-absorbing surfaces are required in outdoor play spaces to reduce potential head injury to children as a result of normal play.

Impact absorbing surfaces which have been tested are required in any area where falling is possible from a height of 500mm or above.

An impact-absorbing surface is not necessary where falls are prevented by engineering means.

What is the fall zone?

The fall zone is the area under and around a piece of playground equipment from which a child could fall. It extends under and around equipment in every direction in which it is reasonably foreseeable that a child could fall. It is the minimum distance from any part of equipment to any hard surface (borders, paths, tree trunks or adjacent equipment).

Concrete footings should be buried underground. Industry practice is that the top of the concrete be 50–100mm below natural ground level, and then covered with the required depth of impact absorbing material.

How big is the fall zone?

The Australian Standard says that the fall zone must extend from 1.5m minimum to 2.5m out from the playground equipment (or 1.9m in supervised early childhood centres) depending on the free height of fall. This allows for the height of most users, plus the outward momentum they could have as they fall.

For moving equipment this distance is measured from the extremity of the movement. Children falling, jumping or being pushed off equipment should land within the fall zone onto an impact-absorbing surface. Under certain

circumstances fall zones may be reduced (ie. when equipment will not permit falling).

What is the maximum fall height permitted in an outdoor play space?

This is the greatest distance between parts of the equipment to which a child has reasonably foreseeable access and the playing surface or part of equipment beneath. It is measured from the standing surface (usually a platform) to the surface underneath the equipment. If the design of your equipment allows children access to higher parts (not necessarily intended for standing) then this should be considered the fall height.

What is adequate impact-absorbing material?

The required impact-absorbing material depth depends on the material used and the height of the equipment from which falls can occur. The height from which a fall could occur onto a surface that has the capacity to absorb the impact, is the free height of fall. Put briefly, falls from above the free height of fall onto a surface with an inadequate depth could result in head injury.

Impact-absorbing material information required

Playground equipment suppliers are required to provide information on their products' performance and on the required free height of fall. This should be in the form of certified test results, explaining what impact absorbing surface material depth (for loose fill materials) or structure (for fixed or 'unitary' products) is necessary for the required free height of fall.

Suppliers must also provide inspection and maintenance procedures necessary to ensure their product continues to perform at the required level throughout its life.

Suppliers of play equipment need to give written confirmation that their equipment is constructed and installed as per Australian Standard AS4685.

For further information contact: The Playgrounds & Recreation Association of Victoria

E prav@netspace.net.au

W www.prav.asn.au

Our thanks to the Playgrounds and Recreation Association for contributing this section.

Safety in sport and recreation

4

The importance of physical activity

Physical activity is essential for growth and development. Being physical active can help children obtain physical, social, emotional and intellectual health. In the first two decades of life, sport is among the most developmentally appropriate ways of being physically active. All popular sports in Australia offer developmental pathways into sport that are designed to match the physical and mental health of young participants. The new Safety Guidelines for Children and Young People in sports emphasise that the health benefits from sport far outweigh the risks of inactivity. Being aware of safe sport practices helps ensure positive sporting experiences for children of all abilities. Renowned paediatric exercise researcher, Professor Don Bailey once said 'Sport may not be for all, but the right to try out to be'. Safe practices in junior sport protect that right.

Ten points to remember about Safety Guidelines for Children and Young People in Sport, from Sports Medicine Australia

W <http://www.sma.org.au/pdfdocuments/ChildrenSafetyGuidelines-fulldoc.pdf>

- 1** Clubs, schools and providers should ensure that they identify, manage and monitor the risks involved in sport and recreation activities.
- 2** An estimated 50% of all sports injuries are preventable.
- 3** Coaches should have at least an entry-level qualification from a coaching course conducted by the National or State organisation of their sport.
- 4** A first aider should be present at all sporting events with participants under 16 years of

age. A sports trainer should be present at all sporting events with participants over 16 years of age. Any complaint of pain, tenderness, limitation of movement or disability should be promptly referred to a qualified sports first aider, sports trainer or medical professional for management.

- 5** Appropriate and properly fitted protective equipment, clothing and footwear should be used at all times.
- 6** The environment and facilities should be inspected and made safe before participation.
- 7** All coaches and teachers must be aware of the medical history and other commitments of participants. A pre-season medical and activity questionnaire should be completed by all participants and the current medical state of individuals should be taken into consideration prior to and during participation. A medical clearance must be obtained from the treating doctor before any child or young person taking prescription medication participates in sport or physical activity.
- 8** Warm up, cool down and stretching should be included before and after all participation.
- 9** Activities for children and young people should be well planned and progress from easy to more difficult. Strength training can be safely introduced to young people provided it is carefully supervised. It should involve low-resistance and high repetition to avoid maximal lifts.
- 10** To reduce the likelihood of injury, match the physical and mental maturity of the child to the level of participation, complexity of the task and the game rules.

Safety in sport – Smartplay

Smartplay is a sport safety and injury prevention program that aims to help reduce the incidence and severity of sport and recreational injuries. Participation in sport and recreation provides a range of benefits. It combats obesity, enhances self-esteem, improves physical skills and develops friendships.

However, one of the main deterrents for participation in sport and recreation, particularly for young people, is the risk of injury.

Sports injuries aren't inevitable. It is estimated that more than 50% of all sporting injuries are preventable.

The following advice provides children, parents and coaches with a guide on how to prevent sporting and recreational injuries.

Warm up

A warm up should be completed before physical activity to prepare the body. The warm up should be fun and include games and activities relevant to the activity ahead. The length of a warm up will depend on the weather – if it is cold a longer warm up may be needed than if it is hot.



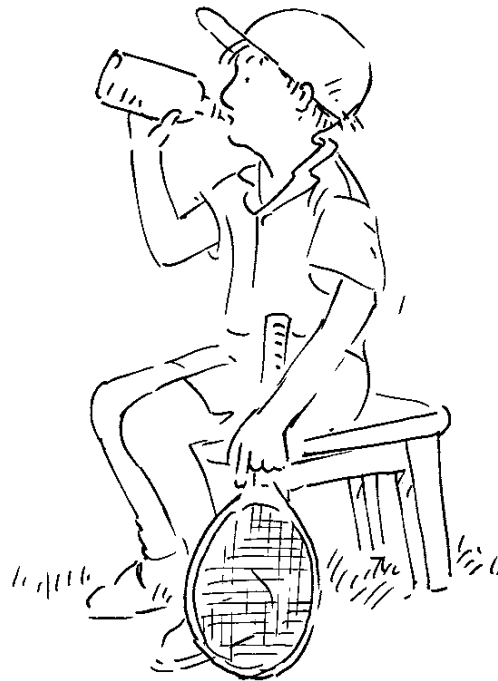
After warming up, stretching should be done. When stretching:

- Stretch all the muscles involved in the activity
- Stretch gently and slowly
- Never bounce
- Keep breathing when stretching.

After activity, cool down. This prevents soreness and stiffness. To cool down, do a light jog or brisk walk followed by stretching.

Drink up

Dehydration and heat stress prevent us from playing at our best. Active people should drink water or sports drinks before, during and after activity to help replace lost fluids through sweat. Aim to drink 2 cups (500ml) of water an hour before activity, 150ml every 15 minutes during activity, and enough to fully re-hydrate after activity.



Gear up

Protective equipment can prevent injury. It should be worn at all times during training and games. It is important that it fits properly, is in good condition and is designed for the activity being undertaken.

Some common protective equipment includes wrist, elbow and knee guards; shin, shoulder and body padding; helmets; gloves and mouthguards.

Mouthguards

When playing sport, where there is a risk of injury to the face, players should protect their mouth against dental injuries by wearing an appropriately designed and made mouthguard.

Custom-fitted mouthguards are considered to provide the best protection for the teeth, lips and jaw. They provide a close fit, comfort and

cushioning (shock absorption) effect. Other types of mouthguards are available such as the boil and bite (formed to the upper teeth after the lining is softened in boiling water) and the ready-to-wear which comes pre-formed, however, both offer limited protection.

To get the most protection from a mouthguard, it should have the following features:

- Be comfortable but a tight fit within the mouth
- Allow normal breathing and swallowing
- Allow normal speech
- Be the correct thickness (4mm) over the teeth to provide protection against impact
- Not cause gagging
- Be odourless and tasteless.

To maintain a mouthguard's protective qualities it needs to be cared for after activity by:

- Rinsing it in soap and warm (not hot) water or mouthwash after each use and allowing it to air-dry.
- Keeping it in a well-ventilated plastic storage box (with several holes) when it is not in use.
- Not leaving it in direct sunlight or hot conditions such as in a closed car or in a car's glovebox.
- Ensuring it is in good condition before each use.
- Getting a dentist to check it at check ups.
- Replacing it if it is damaged.

Weather conditions

Children are highly susceptible to extremes in temperature; therefore the environmental weather conditions before, during and after activity should be assessed regularly and activity modified or cancelled when appropriate.

In hot conditions, the temperature and humidity must be considered and if deemed too hot or humid the event should be postponed or cancelled. To prevent sunburn, dehydration and heat illness, children should be provided with shaded areas; wear light-coloured and light-weight clothing to cover exposed skin; wear broad-rimmed hats and sunglasses; and apply SPF 30+ sunscreen. In hot conditions children are the best judges of

their own wellbeing and capacity to play. If they feel unwell, they will usually simply stop activity. This is the best first response to heat illness. Under no circumstances should children be compelled to keep playing if they feel unwell in the heat.

In cold conditions, children should dress in layers to trap heat and prevent heat loss. Layers can be removed according to exercise levels and conditions. Wet clothing should be changed as soon as practical.

Have some flexibility from competition rules about clothing to allow children and young people to feel more comfortable in extremely cold or hot weather. This includes allowing tracksuit pants in cold weather or hats when hot, even if not part of regulation uniform.

Medical conditions

All coaches must be aware of the medical history and current medical conditions of their players.

Children and young people should not participate in sport when ill or recovering from a viral illness with symptoms such as fever or a higher than normal body temperature in the previous 24 hours. When assessing whether a child should participate in physical activity remember:

- The child should not participate if the symptoms are general (e.g. temperature, aches, pains, general muscular tiredness)
- For uncomplicated upper respiratory tract symptoms, such as a runny nose and sneezing, the child should be allowed to participate for 10–15 minutes. The child's condition should then be reassessed, and if they feel unwell, or are obviously struggling to keep up, then they should not continue to participate in that session.

Those taking prescribed medication should obtain a medical clearance form from their treating doctor before participating in sport or physical activity.

Any complaint of pain, tenderness, limitation of movement or disability should be referred to a medical professional for management. Adolescents in particular should take note of their spine, knees, ankles and wrists, which are

the most vulnerable to training at their age and stage of growth.

If injury occurs

Unfortunately injuries sometimes do occur, despite the best prevention.

To ensure injuries are suitably treated, a sports first aider or sports trainer should be present at all sporting activities. Responsible coaches or activity supervisors should have some understanding of basic sports medicine principles. They can achieve this by completing a course from Sports Medicine Australia's Safer Sport Program. For more information:

W www.smavic.org

Soft tissue injuries should be treated with RICER – Rest, Ice, Compression, Elevation and Referral. Commence RICER immediately after injury occurs and continue for 48–72 hours.

Preventing sport specific injuries

In addition to the previously mentioned safety advice, undertake the following safety tips for your chosen sport.

AFL football

Common injuries

Common causes of injuries are being tackled, hit/struck by another player, hit by the ball and falls.

Common types of injuries are wrist, hand, finger and forearm fractures, dislocations and sprains.

Injury prevention

- Wear a mouthguard, preferably custom-fitted, at all times.
- Seek professional advice on the boots you should wear.
- Learn, practise and use correct skills and techniques.
- Games for children and teenagers should be played in accordance with the National Policy for the Conduct of Junior Football established by the Australian Football League.

Netball

Common injuries

Common causes of injuries are awkward landings, slips/falls, player contact/collision, over-exertion, overuse and being hit by the ball.

Common types of injuries are sprains, bruising, fractures and dislocations.



Injury prevention

- Seek professional advice on footwear.
- Learn and practise correct passing, catching and landing techniques.
- Encourage children to participate in a Net Set GO! program (incorporating FunNet and Netta) to develop good skills and techniques.
- Lower goal rings should be used for relevant age groups.

Basketball

Common injuries

Common causes of injuries are falls, player contact, awkward landings, abrupt changes in direction and being hit by the ball.

Common injuries are ankle sprains.

Injury prevention

- Learn and practise correct passing, jumping, landing and shooting techniques.

- Encourage children to take part in Aussie Hoops to develop good skills and techniques.
- Juniors should be matched for competition on physical maturity and skill level.
- Never hang or swing on a basketball ring.

Football

Common injuries

Common causes of injuries are player contact, falls and tackles.

Common types of injuries are bruising, sprains, strains, fractures and dislocations.

Injury prevention

- Wear a mouthguard, preferably custom-fitted, at all times.
- Wear shock absorbent shin guards at all times. Seek professional advice on the correct fitting of shin guards.
- Undertake fitness programs to develop endurance, strength, balance, coordination and flexibility.
- Encourage children to play small sided games at their local club to develop good skills and technique.
- Children should head the ball with the proper technique and use the correct size ball for their age and weight. Younger children should use softer balls (nerf ball) to head the ball. Once confidence is built, a regulation ball (under-inflated at first) can be introduced.



Cricket

Common injuries

Common causes of injuries are being hit with the cricket ball and falls.

Common types of injuries are strains, sprains, fractures, bruising and open wounds.



Injury prevention

- Encourage children to play MILO in2CRICK-ET to develop good skills and technique.
- There are restrictions on how many overs you can bowl in competition. Ask your local cricket club for more information.
- Get your coach to show you the proper sliding stop.

Resources for children, parents and coaches

In addition to the resources already mentioned, Smartplay has sport specific fact sheets on:

- Golf
- Hockey
- In-line skating
- Lawn bowls
- Mouthguard safety
- Rugby League
- Rugby Union

- Running
- Softball
- Squash
- Tennis
- Volleyball
- Walking.

Smartplay also has a wide range of injury prevention resources available, such as:

- Safety guidelines for children and young people in sport and recreation
- Warm up – a guide to warming up, stretching and cooling down for sport
- Drink up – a guide to hydration and staying safe in hot sporting conditions
- Gear up – protective equipment for sport and recreation
- Fix up – a basic guide to managing the first 48–72 hours of a soft tissue injury.

For further information contact:

Smartplay

Sports Medicine Australia

Sports House

375 Albert Road

South Melbourne VIC 3205

T (03) 9674 8777

E smartplay@vic.sma.org.au

W www.smartplay.com.au

Smartplay is managed by Sports Medicine Australia – Victorian Branch and is supported by VicHealth and the Department of Planning and Community Development (Sport and Recreation Victoria).

Our thanks to Smartplay, Sports Medicine Australia for contributing this section.

Safety tips for in-line skating

Safety with in-line skates, skateboards, scooters and roller skates

Small-wheel devices include items such as in-line skates, skateboards, roller skates and scooters. These devices are the fourth most common cause of recreational injuries to children behind bicycles, playground equipment and football.

Emergency department presentations

Victorian injury surveillance data indicates there were 3,836 injuries to children associated with small wheel vehicles recorded in the period July 2004 to June 2007. Most (44%) were associated with skateboarding; however it has only been since 2000 that the reported frequency of injuries associated with skateboards has been greater than in-line skates. This coincides with the renewed popularity of skateboarding. There was also a peak for scooter injury in the year 2000 to coincide with the boom in popularity of fold up micro-scooters around the Christmas period in this year.

Injury was most common to persons aged 10–14 (65% of total) across all types of small-wheel devices. Males dominated most devices, except for roller skates where injury to females was most common. Males were particularly over-represented for skateboards.

In the period July 2004 to June 2007, home was the most common location for in-line skating (30%), skateboarding (30%) and scooter (52%) injury, while roller-skating and skateboarding injuries mostly occurred in places of recreation (40%) and (22%) respectively. Roadways were the second most common location for scooter (31%).

Falls account for 81% on injuries associated with these devices.

Fractures were the most common injuries associated with all four devices (42% of the total) but were most common among in-line skaters (54%) and roller skates (55%).

The wrist and forearm were the most common body region injured, consistently across all-wheeled device types.

In-line skating and skateboarding

In-line skating and skateboarding have emerged as increasingly popular recreational activities in Australia. Several factors have contributed to the rapid rise in popularity of both skating activities including: the use of skateboards and in-line skates for recreation competition and transportation; the activities appeal to all ages; the recognition that both

in-line skating and skateboarding provide physical benefits associated with exercise and the high quality and relative low cost of equipment. Unfortunately the rapid increase in popularity has led to an increase in emergency department presentations and hospital admissions for injuries related to these activities.

Who is injured

Victorian injury surveillance data indicates that during the three-year period from July 2001 to June 2004 there were at least 1,272 recorded hospital admissions and 3,590 Emergency Department (ED) presentations for injuries related to skating (in-line skating and skateboarding). Males were more commonly injured accounting for 78% of admissions and 74% of presentations. More than half of those admitted (56%) and 44% of those presenting to ED were aged between 10 and 17 years.

The cause and types of injuries

The main risk factors for injury are:

- The speed at which the skater travels
- Obstacles
- Lack of braking ability
- Hard landing surfaces.

Falls are the most common cause of injury, accounting for 90% of admissions and 85% of presentations for skating injuries in Victoria. Upper limbs are most commonly injured (65% of admissions and 59% of presentations) and the wrist and forearm are particularly susceptible to fractures and sprains and strains. Lower limb injuries (around 20% of hospital-treated injuries) and injuries to the head are also common (around 10%).

Falls typically involve two groups:

- 1 Young novice or beginner skaters wearing little or no safety gear, who either spontaneously lose their balance while skating outdoors or fall after striking an obstacle.
- 2 Experienced skaters performing tricks, often at speed.

Safety tips for in-line skaters and skateboarders

Prepare well

Warm up and cool down, including adequate stretching before and after skating, may assist the prevention of overuse injuries.

Take lessons

Undertake lessons to improve confidence and technique, including:

- Proper balancing
- Braking (in-line skating) and 'bailing' (skateboarding) techniques
- Falling techniques
- Safe skating practices.

Hiring outlets, rinks, skate parks and schools should offer and promote skating instruction by certified instructors.

Local certification training for in-line skating and skateboarding instructors should be established in Victoria.

Wear protective equipment and maintain skates and boards.

Protective equipment provides a hard barrier between the body and the ground, absorbing or dissipating potentially injurious energy.

In-line skaters should wear and ensure proper fit of protective equipment, including:

- Helmet
- Wrist guards
- Knee pads
- Elbow pads.

Skateboarders should wear the same with the addition of ankle guards.

It is essential to ensure that young children or beginner skaters wear helmets.

Hiring outlets, rinks and skate parks should offer complete protective equipment to skaters. In-line skaters should ensure proper fit and condition of skates, including properly adjusted heel brakes.

Provide supervision

Carers should actively supervise children and novices until they develop sufficient skills to skate safely.

Ensure all novice in-line skaters are able to stop by using their heel brake. Instruct all

novice skaters to skate with their knees bent and their weight forward (over their toes rather than their heels), which allows them to fall forward rather than backwards.

Provide a safe environment

Local councils should designate and maintain areas free of traffic, crowds, debris and surface irregularities for the use of in-line skaters and skateboarders.

Other safety tips

Use a broad-spectrum sunscreen in high UV conditions. Wear bright or reflective clothing if skating at night.

For further information contact

Smartplay

W www.smartplay.com.au

Sport and Recreation Victoria

www.sport.vic.gov.au

Victorian Injury Surveillance Unit (VISU)

W www.monash.edu.au/muarc/VISU

Our thanks to VISU, Monash University Accident Research Centre for contributing this section

Being SunSmart – Protecting children from the sun

5

The Sun – a healthy balance

Australia has one of the highest rates of skin cancer in the world and sun protection is very important for all of us.

Too much ultraviolet (UV) radiation from the sun can cause sunburn, skin damage, eye damage and skin cancer. Overexposure to UV radiation during childhood and adolescence is known to be a major cause of skin cancer and two in three of us will develop some form of skin cancer before we reach the age of 70. Fortunately being SunSmart is a simple and effective way to reduce the risk of skin cancer.

The Sun – UV radiation

UV radiation – not temperature – is the most important factor in the risk of skin damage and skin cancer. You can see sunlight (visible light) and feel heat (infrared radiation), but you cannot see or feel UV radiation. UV radiation comes directly from the sun and can also be scattered in the air and reflected by surfaces such as buildings, concrete, sand, snow and water. UV radiation can also pass through light cloud. UV radiation from the sun and artificial sources such as solariums is known to cause skin damage and skin cancer in humans.

The UV index

The UV Index indicates the amount of the sun's UV radiation that reaches the earth's surface. The higher the UV Index level, the greater the potential for damage to your skin. The UV Index is divided into categories which correspond to the level of risk. This ranges from low (1–2) to extreme (11+). When UV Index levels reach 3 (moderate) and above, sun protection is needed because this is when UV radiation can damage the skin and eyes and lead to skin cancer.

In Victoria, average UV Index levels are 3 and above **from the beginning of September until the end of April**. Particular care should be taken between 10 am – 2 pm (11 am – 3 pm daylight saving time) when UV Index levels reach their peak.

From May to August in Victoria, average UV Index levels are below 3 (low) so sun protection isn't needed during these months unless you are in alpine regions or near highly reflective surfaces such as snow or water.

The SunSmart UV Alert

The SunSmart UV Alert is a tool to let you know what the UV levels are for the day and when sun protection is needed. You can find the SunSmart UV Alert in the weather section of your daily newspaper or by visiting:

W www.sunsmart.com.au or www.bom.gov.au/announcements/uv/

There is a SunSmart UV Alert for over 300 cities across Australia. When UV Index levels are below 3, no UV Alert is issued.

Live UV levels can be found at:

W www.arpana.gov.au

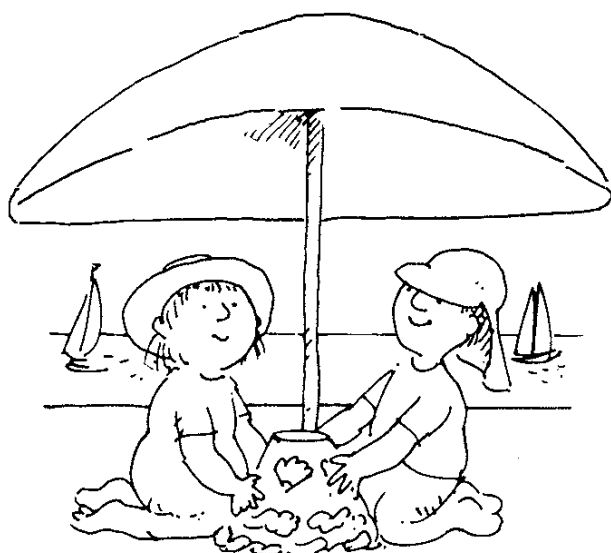
Key messages for parents and carers

Five steps to being SunSmart

Whenever the UV Index level reaches 3 and above, use a combination of these 5 sun protection steps:

1 **SLIP on a shirt.**

Wear clothing that covers as much skin as possible. Shirts that have collars and sleeves that cover the shoulders and are at least elbow length, and longer style shorts and skirts are



most suitable. Choose lightweight, close-weave, loose fitting clothing that won't make your child too hot.

2 SLOP on some sunscreen.

Apply a 30+ broad-spectrum, water-resistant sunscreen 20 minutes before going outside and reapply it every two hours. Sunscreen 'screens' out UV radiation but does not completely 'block' it out so some UV still reaches the skin. Sunscreen should never be the only method of sun protection nor should it be used to stay out in the sun longer. Always check the expiry date.

Test the sunscreen on a small area of the baby or toddler's skin before using it to make sure there won't be any reaction. Use a generous amount of sunscreen and pat it on, don't rub it in vigorously. The average-sized adult should apply at least a teaspoon of sunscreen to each arm, leg, front of body and back of body and at least ½ teaspoon to the face (including the ears and neck). That is, 35 ml of sunscreen for one full body application.

3 SLAP on a hat.

Wear a hat that provides good shade to the face, back of the neck, eyes and ears such as a broadbrimmed, legionnaire or bucket hat.

- Broadbrimmed hats should have a brim that is **at least 7.5 cm** wide. The brim width for children under 10 years of age should be suitable for the size of their head and ensure that their face is well shaded.
- Legionnaire-style hats should have a flap that covers the neck. The side flap and front peak should meet to protect the side of the face.

- Bucket or surfie-style hats should have a deep crown and sit low on the head. The angled brim should be **at least 6 cm** and provide the face, neck and ears with plenty of shade. The brim width on bucket hats for pre-school aged children should be suitable for the size of their head and shade their face well (minimum of 5 cm as a guide).

Baseball caps and visors offer little protection to the cheeks, ears and neck and are therefore **not** recommended.

When choosing a hat for young children consider the size and comfort, the amount of shade it provides and if it will obstruct vision or hearing. Many babies and toddlers do not like to wear hats. Persistence is needed to teach them that a hat is part of their outside routine.

For babies, choose a design such as a soft legionnaire hat that will crumple easily when they put their head down.

Hats that can be adjusted at the crown or can be tied at the front to help secure the hat on a child's head are best. If the hat is secured with a long strap and toggle, it may be best to place the strap at the back of their head or trim the length so it doesn't become a choking hazard.

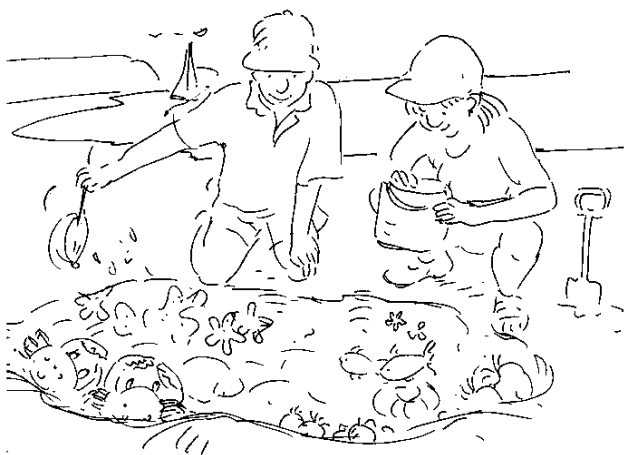
4 SEEK shade

Try to use shade whenever possible. Plant trees or erect temporary/permanent shade structures in the places where your child plays, or move activities, e.g. wading pools and play equipment, into shaded areas. Even while in the shade, UV radiation can be reflected and scattered so it is important that children continue to wear a hat, appropriate clothing and sunscreen.

5 SLIDE on some sunglasses.

Wear wrap-around sunglasses that meet the Australian Standard 1067 (Sunglasses – Category 2, 3 or 4). There are products available that have been specifically designed for babies and toddlers and have soft elastic to keep them in place. The colour or darkness of the lenses doesn't indicate the level of sun protection and you will need to check the label. If using sunglasses, look for glasses that:

- Are close fitting
- Wrap around and cover as much of the eye area as possible



- Are preferably marked EPF (eye protection factor) 10.

Some young children may be reluctant to wear sunglasses, but you can still help protect their eyes by wearing a hat and staying in the shade.

Vitamin D

Correct sun protection practices not only reduce a child's risk of skin and eye damage and skin cancer but also ensure they obtain enough vitamin D from the sun to allow for healthy bone development and maintenance.

Vitamin D forms in the skin when it is exposed to UV from sunlight. Vitamin D can also be obtained from some foods such as margarine and some dairy products fortified with vitamin D, as well as oily fish, eggs and liver. Vitamin D regulates calcium levels in the blood. It is also necessary for the development and maintenance of healthy bones, muscles and teeth.

In Victoria from September to April, most people receive enough vitamin D simply by going about their day-to-day activities. Generally a person only needs a few minutes of sun exposure to the face, arms and hands, or equivalent area of the skin, before 10 am or after 3 pm, on most days of the week. People with naturally very dark skin may need 3–6 times this exposure time.

From May to August in Victoria the UV Index is likely to be below 3 so sun protection isn't needed during these months unless you are in alpine regions or near highly reflective surfaces such as snow or water. Most people need about two to three hours of UV to the face,

arms and hands, or equivalent area of the skin, spread over a week to maintain adequate vitamin D levels. People with naturally very dark skin may need 3–6 times this exposure time.

For more information on skin types go to:
W www.sunsmart.com.au.

UV and your baby

A baby's skin is thinner than an adult's skin. It is extremely sensitive and can burn easily so sun protection is needed from the very beginning. It is recommended that you don't expose babies under 12 months to direct sunlight. If outdoors, babies need to be kept in the shade. Even when in the shade, use a combination of sun protection measures to minimise sun exposure.

Be a SunSmart role model

Children often copy those around them and learn by imitation. If you adopt sun protection behaviours the children in your care are more likely to do the same.

Common questions

When do we need to use sun protection?

To make sure children are well protected from UV radiation when it can damage the skin and eyes think: **From September, 5 things to remember! Slip** on a shirt, **slop** on sunscreen, **slap** on a hat, **seek** shade and **slide** on some sunglasses.

When average UV Index levels are low and sun protection isn't necessary (unless you're in an alpine area or near reflective surfaces like water) think: **From May, put sun hats away!**

I grew up playing in the sun. Now I hear it is wrong to let children play in the sun.

What's the truth?

Children should still be able to enjoy their favourite outdoor activities whilst staying safe in the sun. It's about being smart in the sun with your choice of clothing, hats, sunglasses and sunscreen, with the timing of activities outside peak UV radiation periods and by seeking shady environments.

Do children get skin cancer?

Skin cancer in children is very rare but there have been cases of skin cancer being diagnosed in children. Anyone can be at risk of developing skin cancer. The risk increases as a person gets older – older people have generally had more sun exposure than younger people. Research shows that sun exposure in the first 15 years of life contributes significantly to the lifetime risk of developing skin cancer. Melanoma is one of the most diagnosed cancers for 15–44 year olds.

Does being sunsmart prevent my family from getting enough vitamin D?

No – sensible sun protection does not put people at risk of vitamin D deficiency. In Victoria from September to April, most people receive enough vitamin D simply by going about their day-to-day activities, needing only a few minutes each day outside of peak UV periods. From May to August in Victoria most people need about two to three hours of UV to the face, arms and hands, or equivalent area of the skin, spread over a week to maintain adequate vitamin D levels. People with naturally very dark skin may need 3–6 times the exposure time all year round.

Do people with naturally very dark skin need to worry about sun exposure?

Yes – care still needs to be taken in the sun. Even though the incidence of skin cancers is much lower in naturally very dark-skinned people, skin cancers that do occur are often detected at a later, more dangerous, stage. People with these skin types do not normally need to apply sunscreen and can safely tolerate relatively high levels of UV radiation without getting burnt. To find out more about skin types go to:

W www.sunmart.com.au.

Regardless of skin colour, the risk of eye damage remains. According to the World Health Organization, sun exposure may be a factor in up to 20% of cataracts, especially in countries close to the equator, such as India, Pakistan and parts of Africa. High levels of UV radiation have also been linked to harmful effects on the immune system.

It is therefore recommended that all people, regardless of skin colour, wear a hat to protect their eyes and face.

What about naturally very dark skinned children at school and in care?

Children at school and care usually spend at least 60 minutes outdoors. It is important for children with naturally very dark skin to have some sun exposure during these periods. These children do not normally need to apply sunscreen because of the high level of protective melanin in their skin. This is a decision for their families to make. It is recommended that all children wear a hat to protect their eyes and face.

To me, my child looks and seems healthier with a suntan. Is this true?

A tan is a sign of overexposure to the sun's UV radiation and that damage has occurred. Continued exposure damages and weakens the skin and increases the risk of skin cancer.

Can I use sunscreen on my children?

Sunscreen screens out UV radiation but does not completely block it out. Some of the sun's UV radiation still gets through to the skin. Sunscreen should be applied to those areas of the body that can't be covered by clothing. The Australasian College of Dermatologists recommends the use of a sunscreen 'at any age when there is unavoidable exposure to the sun' and states sunscreen is safe to use on babies. However it is always best to keep babies and toddlers out of direct sun and well-protected using other forms of sun protection so that sunscreen use is minimal. Many brands of sunscreen include a formulation especially for infants which offers the same degree of protection, but is much gentler on their skin. Sunscreens with Titanium Dioxide or Zinc Oxide work largely by reflecting the ultraviolet radiation away from the skin, and are less likely to cause problems with sensitive skin.

Sunscreen tips

- Test the sunscreen on a small area of the baby or toddler's skin before using it to make sure there won't be any reaction.



- Use an SPF 30+ broad spectrum, water resistant sunscreen.
- Apply the sunscreen 20 minutes before going outside and reapply every two hours (even if the stated water resistance is longer than two hours).
- Always check the use-by date on sunscreen.
- Don't use sunscreen to extend time in the sun.
- Only use sunscreen with other forms of sun protection. It doesn't offer enough protection if it's used on its own.

Is it true that skin cancer is a worse problem now because of the hole in the Ozone layer?

There is a thin layer of ozone, made up of oxygen that surrounds the Earth. It acts as a shield, protecting the planet from the most dangerous types of UV radiation. Increases in skin cancer incidence observed in recent decades are probably related to changes in behaviour towards sun exposure rather than the increases in the amount of UV radiation due to ozone depletion. There may be an increase in skin cancers due to ozone depletion in the next fifty years or so but at this stage we are not certain about the effects of ozone depletion and any associated climate changes.

We do know that behaviour can have an impact on preventing skin cancer so it is important to use the five sun protection steps whenever UV levels reach 3 and above; clothing, hats, sunscreen, shade and sunglasses.

Activities for children

Making a SunSmart ad

Divide the children into groups and ask each to create a SunSmart ad. To prepare, they should first decide on their key messages and make sure the ad includes the five SunSmart steps. The ads could be performed live or filmed on video. Variations may include creating a radio ad or poster.

Silly Sausage Science Experiment

On a fine, warm, sunny day, try this experiment to explore protection from the sun. You will need: seven thick sausages, sunscreen, plastic food wrap or a piece of T-shirt fabric, newspaper, silver foil and cooking oil.

Sausage 1: Apply SPF 30+ broad spectrum sunscreen to one sausage.

Sausage 2: Apply a low factor sunscreen to one sausage.

Sausage 3: Apply cooking oil to one sausage.

Sausage 4: Wrap one sausage in plastic food wrap or a piece of T-shirt fabric.

Sausage 5: Wrap one sausage in newspaper.

Sausage 6: Wrap one sausage in silver foil.

Sausage 7: (Control sausage). Place a control sausage on a paper towel.

Place the sausages in full sun where they will not be disturbed for an hour. Remove the sausages and have the children write and draw about their observations. Encourage them to make their own conclusion about the link between sausage skin and their own skin and the effects of different or no coverings.

Designing/making a SunSmart hat

Ask the children to create their own SunSmart hats using art/technology materials.

Resources for teachers and carers

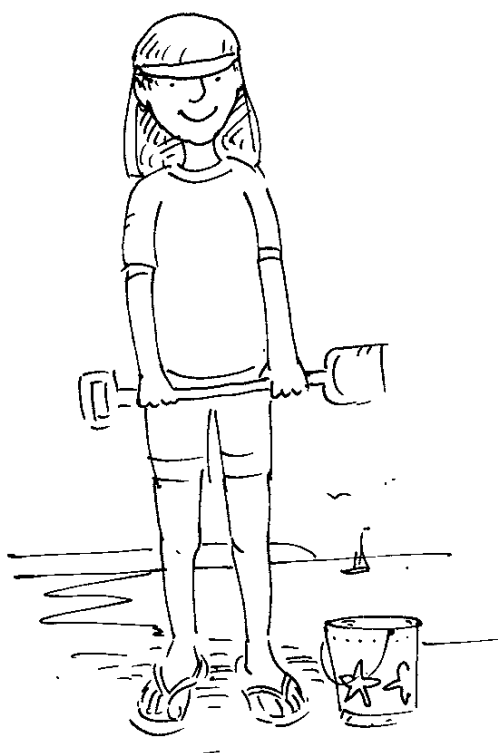
SunSmart has a number of useful resources available to help share our important sun protection message. These include teacher curriculum resources, posters, information sheets, flyers, student activity sheets and project pages, brochures and multi-lingual information sheets. A resource-listing is available on our website and resources can be ordered online:

W www.sunsmart.com.au

T (03) 9635 5148.

SunSmart Schools and Early Childhood Program

The SunSmart Schools and Early Childhood program is a voluntary membership program of the Cancer Council. Approximately 86% of primary schools and 68% of early childhood services across Victoria are registered members of the SunSmart program. This means they implement a comprehensive SunSmart policy that meets all current SunSmart recommendations. The policy documents how the school or service protects children and staff from too much UV exposure and skin cancer and also allows some safe sun exposure for vitamin D.



Does your child's school or early childhood service display a SunSmart sign?

SunSmart members have a metal SunSmart sign on their front fence to acknowledge their commitment to sun protection and following Cancer Council guidelines. To check if your child's school or service is a registered member of SunSmart or to find out further information about the program, how to join or renew your SunSmart policy or to organise for someone to speak with your teachers / carers, please contact:

SunSmart, Cancer Council Victoria

1 Rathdowne Street

Carlton VIC 3053

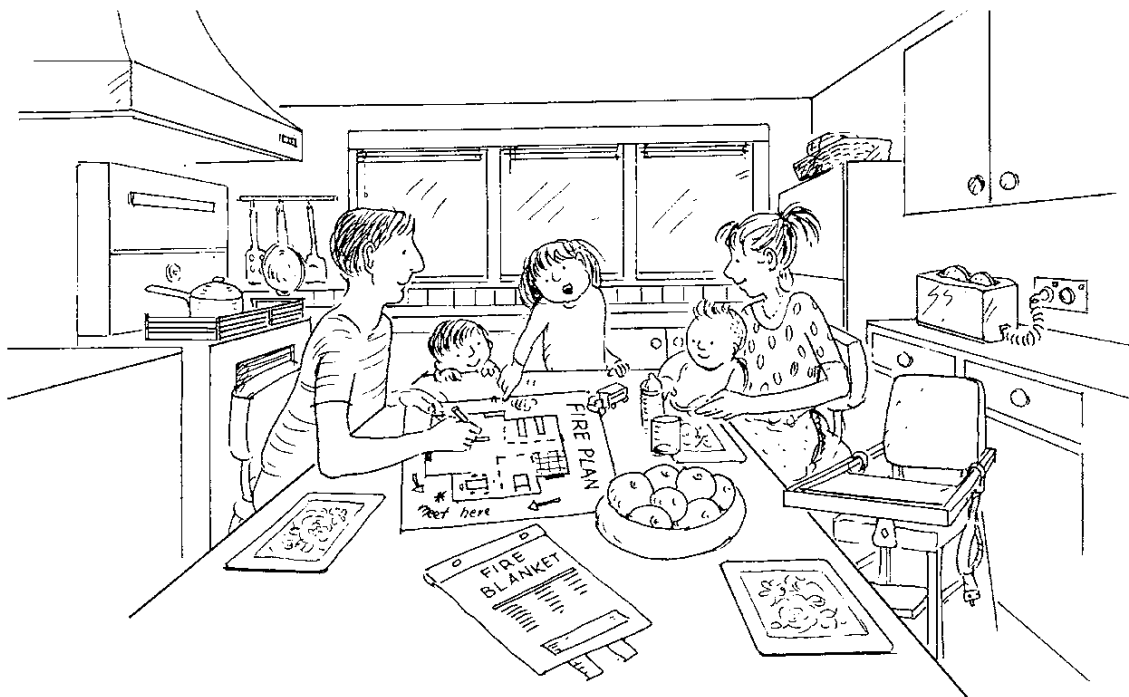
T (03) 9635 5148

E sunsmart@cancervic.org.au

W www.SunSmart.com.au

Our thanks to the Cancer Council Victoria's SunSmart program for contributing this section.

Fire safety in the home



In Australia each year many children are injured due to fire in the home. Children can die or be scarred for life as a result of burn injuries. Even if no one is hurt, the emotional cost of losing a home with cherished possessions and memories is great.

Because our homes are familiar places to us, we may become complacent and careless. We may not see the hazards, but they are there.

Key messages for parents

Smoke alarms

Home owners are now legally required to install at least one smoke alarm on every level of their home. Where a home is rented, it is the owner's responsibility to make sure that working smoke alarms are installed.

There are two types of smoke alarms, photo-electric and ionisation. Photo-electric

alarms are very effective at detecting slow burning, smouldering fires. They are suitable for most locations including near kitchens and in caravans. They are less prone to false alarms from cooking.

Ionisation alarms are more effective at detecting the small smoke particles given off by fast burning, flaming fires. All Australian fire services now recommend buying a photo electric smoke alarm when installing a new alarm or replacing an existing alarm.

Don't remove an ionisation smoke alarm unless you replace it immediately with a photo-electric alarm. Any type of working smoke alarm is better for your safety than no smoke alarm at all.

To take care of your smoke alarms, follow these simple steps:

- **Weekly:** Test smoke alarms
- **Monthly:** Clean smoke alarms
- **Yearly:** Change the batteries (at the end of daylight saving – 'Change your clock

change your smoke alarm battery')

- **Every ten years:** Replace your smoke alarm.

Fire blankets and extinguishers

If you are not confident about using either a fire blanket or an extinguisher, the safest thing you can do is to close the door on the fire and get everyone out of the home. **Do not go back inside.** Then **ring the emergency services 000 and ask for the fire brigade** from a neighbour's phone or from a mobile phone.

Fire blankets are specially designed to extinguish small cooking fires. The fire is extinguished by smothering the flames, preventing oxygen reaching the fire. Water should never be used for oil, fat or electrical fires.

If you decide to use a fire blanket, remember to **lay** the blanket over the fire and not throw it over.

Household extinguishers are normally the type known as 'dry powder'. They are red with a white band. The can be used on most fires – wood, paper, cloth, flammable liquids, oils and electrical fires.

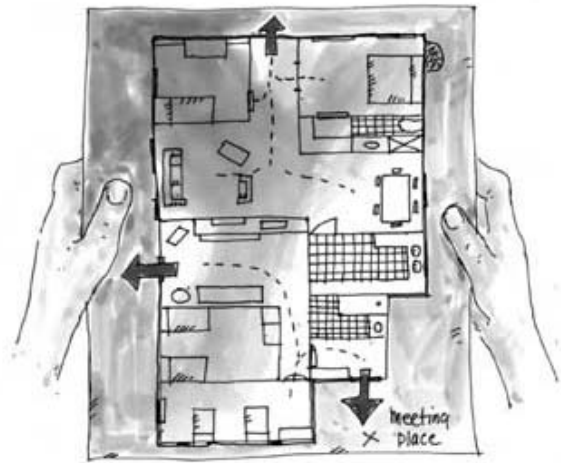
Fire blankets and extinguishers can be bought from most hardware stores and large supermarkets. MFB recommends that you buy only fire blankets and extinguishers with the Australian Standard Symbol.

If you use a fire blanket or extinguisher to extinguish the fire, phone the fire brigade on 000. They will check the roof space to make sure that no embers are left alight.

Planning in the event of a fire

A Home Escape Plan is essential for protection in case of a fire. Consider these points when developing your home escape plan:

- It is important to have two means of exit from each room.
- As you are leaving the room, close the door to prevent fire and smoke from spreading. When there is smoke, always crawl low to get under the smoke.
- The first priority is to get out of a burning home.



- Alert others in the home as you go.
- Phone **000** from the nearest available home.
- Be prepared to give an address, name and nearest crossroads.
- When outside, never go back inside the home.
- Arrange a meeting place at the front of the home where everyone knows to meet and wait for the fire brigade e.g. the letterbox.

If you live in a multistorey house:

- Make sure you have your smoke alarms in the correct position on both the ground and top floors and in your bedroom. (This should give you enough time to get out in the normal way).
- If you can't get out, close the door to your bedroom and put a blanket at the base of your door.
- Open the window and yell for help. Do not jump.
- If you have a phone with you, ring **000** and ask for the fire brigade.

Educational resources for parents and teachers

Fire safety tips

For more detailed information on the above issues, plus heaters and open fires, electrical appliances, cooking, smoking, candles and oil burners, contact the MFB and ask for a copy of their *Home Fire Safety* booklet.

Fire Ed

Is a Metropolitan Fire Brigade fire safety strategy for primary schools in the Metropolitan Fire Brigade area (Metropolitan Fire District). Specialised resource materials are provided for primary aged new arrivals who attend an English Language School or Centre. Fire Ed for special Ed has additional resource support to increase access for students with a disability.

Early Fire Safe

This program is delivered by fire-fighters to parents and caregivers of young children and early childhood professionals. The aim is to raise the awareness of preventing burns and scalds.

The Juvenile Fire Awareness and Intervention Program (JFAIP)

JFAIP is designed for children and young people who have been involved in inappropriate fire behaviour, playing with fire or setting fires. This program delivered by MFB and CFA, aims to reduce the number of deaths, injuries and the millions of dollars in property damage caused by juvenile fire lighting in Victoria. It is home based, free and strictly confidential.

T 1300 309 988.

SmokeBUSTer 2

SmokeBUSTer, an interactive mobile education unit has had more than 200,000 visitors from the time it was launched in 2000. Smoke-BUSTer 2 was launched in 2007 and offers visitors the opportunity of experiencing a fire as a fire-fighter sees it; from the alert at the fire station, responding to the information given about the address and then, on arrival viewing what the fire-fighters see inside a house where a fire has occurred.

Audio prompts and clever use of lighting guide visitors through each room and indicate when to move to the next room. Each room has a number of fire safety messages which are also highlighted by lights and audio prompts.

Note:

- The experience will take 7 minutes
- Children must be accompanied by an adult
- This experience is not recommended for children aged 6 and under
- The maximum number of people per session is 5.

Warning:

Please be aware that one of the rooms displays the aftermath of a fire. This may distress some visitors.

FLAMES for ELS/ELC

This program is designed to teach English through the teaching of fire safety. It is aimed at teenaged new arrivals who attend English Language School or Centres (ELS/ELC).

Please Note: MFB fire safety programs are accessible to people from culturally and linguistically diverse backgrounds. Please contact the Community Education Department of the MFB for more information.

For further information contact:

Metropolitan Fire Brigade
Community Education Department

T (03) 9665 4464

W www.mfb.org.au

E commed@mfb.vic.gov.au

TTY 1300 727 301

If you would like to use an interpreter to ring us, dial 131 450 and say, 'MFB'.

Wildfire safety

Radiant heat – the killer in a bushfire

Every summer, people try to survive bushfires by wearing light summer dresses, shorts, singlets and even swimsuits. They often die without flames ever touching their exposed skin. People need to understand the real risks of bushfire – heat stroke, dehydration and asphyxiation.

Radiant heat can kill. You need to cover up – dress to protect yourself. Take refuge from direct heat. Radiant heat cannot be transmitted through solid objects.

If you put your hand near open flame, an electric heater element, or an electric light bulb, you can feel the radiant heat it generates. Draw your hand away and the amount of heat on your skin decreases.

Put something between your skin and the heat source and your skin immediately feels cooler. That's all you need to remember about radiant heat from bushfires – distance and shielding protect you from dangerous exposure.

The danger is real. Radiant heat from the flame-front of a bushfire scorches vegetation well in front of its path. It kills animals caught in the open. People can also die if they do not seek protection.

Death is caused by heat stroke, which occurs when the body's cooling system fails, leading to heat exhaustion and heart failure.

What you can do to shield yourself from radiant heat – cover up and take cover

1 Protect your exposed skin areas

Bushfires usually occur on days of high temperature. You and your family may be in

shorts, swimsuits, bare feet or sandals.

Remember, the dangerous effects of radiant heat are increased by the amount of skin exposed. As soon as you know there are bushfires in your area, cover up!

Firefighters wear protective gear to survive, so should you. Put on natural fibre long pants, light long-sleeved wool jumpers, close weave cotton shirts or overalls. Wear good solid footwear – preferably leather and a sturdy hat. This is your survival suit.

No matter where or when you face a bushfire, remember to wear your survival suit. Cover up to survive.

Don't be caught outside wearing a swimsuit or shorts, cover yourself as soon as you become aware of a fire in your area.

2 Take cover inside your house

As the fire front passes, radiant heat levels become extreme.

Your clothing may not be sufficient to protect you for the five to twenty minutes it may take for the fire to pass. But radiant heat cannot penetrate through solid objects. That means your best protection is a well-prepared house. As the fire front passes, stay inside with doors and windows shut to protect against spark entry. Remember, if you flee from your house, you lose its protection against radiant heat. Other structures such as brick walls can offer protection.

3 Reduce the risk of dehydration

Dehydration occurs when fluid output from the body is greater than fluid input. It is dangerous because it creates a build up of salts and minerals in the body tissues, which puts strain on the kidneys. When the kidneys fail, death can quickly follow.

The high air temperature during a bushfire and the added stress of wearing extra clothing to shield against radiant heat will contribute to make you sweat heavily. The fluids you lose must be replaced continuously or you risk dehydration. Keep cool and drink water often. Drink cool fluids at every opportunity – even if you don't feel thirsty.

Drink often to replace the fluids you sweat off. Alcohol and fizzy drinks must be avoided as they aid dehydration.

Children and the elderly are especially vulnerable, so pay attention to their needs. Keep them indoors where they do not need to wear heavy protective clothing for long periods. Cool the skin by sponging with cold water. Make sure they drink frequently.

4 If caught on the road

Remember, if your plan is to leave your home on a day of extreme fire danger then do it early – well before you become aware of a fire. A late evacuation is a deadly option. Declaration of a Total Fire Ban should be your trigger to put your plan into action.

Always u-turn to safety if you have the option but if you are caught on the road your car offers the best protection from radiant heat as the fire front passes. Do not get out and run.

Resources for teachers

Fire Safe and Junior Fire Safe

Classroom lessons for primary students covering a broad range of fire safety issues, including bushfire preparedness, outdoor fire safety, CFA in the community, personal fire safety and home fire safety. Contact CFA:

T (03) 9262 8444.

Mobile Education Unit

The Mobile Education Unit (MEU) is an exciting education experience on wheels. This specially designed teaching unit focuses on home fire safety and travels to primary schools throughout Victoria. Onboard is a trained CFA presenter who delivers the fire safety program to students.

Brigades In Schools

Brigades in Schools is a fire safety education program targeted at primary school students. The lessons are delivered in the classroom by trained CFA career and volunteer members. Brigades in Schools aims to teach knowledge, skills, attitudes and behaviours related to:

- Personal fire safety
- Home fire safety
- Outdoor fire safety
- Bushfire preparedness, and
- CFA in the community.

Children can play an important role in spreading fire safety messages to their families and the wider school community. Brigades In Schools lessons are designed to be interactive with plenty of opportunities for children to be actively involved in learning how to 'stop, drop and roll' if their clothes are on fire, and how to "crawl low in smoke" to safely escape a house fire.

Country Fire Authority

8 Lakeside Drive

Burwood East, 3151

T (03) 9262 8444

W www.cfa.vic.gov.au

Our thanks to the Country Fire Authority for contributing this section.

Child safety on farms

Farms can be wonderful places for children, where independence and responsibility are fostered and family relationships are strengthened.

The farm environment provides children with valuable and unique experiences that enable them to develop both socially and physically, even though they are in an isolated setting.

However farms are also workplaces and evidence shows that this places children at greater risk of injury when playing or helping out around the farm.

What are the facts about children being injured on farms?

On average, 30 children aged under 14 die on Australian farms each year as a result of injury, a third of these being visitors to the farm. Around 600 children are admitted to hospital each year for farm related injuries – that's more than 10 admissions for farm injuries each week. Many more children with farm related injuries present at emergency departments of country hospitals and to general practitioners.

What are the main causes of injury to children on farms?

For children aged 0–4 years the most common cause of death is drowning, specifically dams, rivers, creeks, pools, water troughs, irrigation channels and animal dips; followed by farm vehicles and machinery, especially tractors (eg. falls and runovers).

For children aged 5–14 years the key causes of death are farm machinery, farm motorcycles (including ATVs), other vehicles and animals (mostly horses).

Farm motorcycles and horses are prominent

causes of non-fatal hospital admissions/emergency department presentation. Other causes of non-fatal farm injury include machinery, vehicles, other animals and farm structures.

Why are children particularly at risk of farm injury?

Children are at risk for two main reasons. These are to do with the nature of the farm environment and child growth and development characteristics

1 The farm – family home and rural workplace

Farms are often a home and a workplace – children are commonly exposed to workplace hazards not present in urban homes.

Farm hazards are many and varied, with potential consequences of injury being severe or fatal (e.g. drowning, runovers, entanglement, falls).

The severe consequences of injury and the higher frequency and duration of exposure to safety hazards place children on farms at increased risk.

2 The child – growing and changing

Consider the fact that children grow and progress through stages of:

- Physical development
- Intellectual development
- Emotional development.

Children are not only smaller, they see the world differently to adults and are not always rational, cautious or able to foresee unsafe consequences.

Children will learn and develop farm safety skills as they grow and gain experience under supervision. However, full responsibility for personal safety should not rest completely with children, even if they appear competent in some situations or have been given rules to

follow. The safety of children is always an adult responsibility – primarily the parent or carer, but also a shared concern of farm owners, managers, farm workers and other adults visiting the farm.

What we can do to keep kids safe on farms or rural properties?

It may be helpful to use the **S-A-F-E** approach to address child safety on the farm.

The **S-A-F-E** approach to farm hazards:

- S** See the hazards – conduct a farm safety walk to identify hazards.
 - A** Assess the risk of injury and consider how old children are, how long and how often they are exposed to risks.
 - F** Fix the problems by using a variety of control measures.
 - E** Evaluate and record your actions.
- Some people will have more control over implementing safety measures than others, but everyone can help in some way.

Key messages for adults on farms

- Create a safe play area, such as a securely fenced house yard, which separates small children from bodies of water, farm machinery, vehicles and other hazards. Support this with supervision.
- Ensure someone is designated to ‘keep watch’ over children and that everyone on the farm is alert to ‘watch out’ for children.
- Fill in unused water-bodies (e.g. ditches) and cover tanks with lids.
- Ensure children wear helmets when riding and only ride horses and bikes suited to their size, age and ability.
- Develop and regularly reinforce ‘out of bounds’ areas for children when not with adults (e.g. dams, workshops).
- Apply ‘no passenger’ rules for tractors, machinery and four-wheel motorbikes.
- Ensure children wear seatbelts in vehicles and that they do not ride in the back of utes.
- Provide hearing protection for children accompanying adults using firearms, chainsaws or other noisy equipment.
- Learn how to resuscitate a child.

- Complete the checklist to determine how well you are managing these child safety risks on your farm.

Checklist for a safe play area

- Is there a safe play area (e.g. a fenced house yard) for small children which is securely separated from farm machinery, vehicles, work activities and other hazards?
- Does the safe play area have shade and interesting things for children to do?
- Are there ‘out-of-bounds’ rules, for children who are not with a supervising adult, which are regularly reinforced?
- Do ‘out-of-bounds’ areas include all hazardous places (e.g. water tanks, farm machinery, vehicles, silos, workshops and areas where stock are yarded)?

Water

- Are swimming pools, effluent ponds, channels or dams securely fenced if near the house?
- Are tanks, wells and troughs near the house fitted with lids or strong mesh, and are unused ditches filled in?
- Have those who look after children been alerted to ‘keep watch’ when children are around and could wander off into water?
- Do you know how to resuscitate a drowning child?



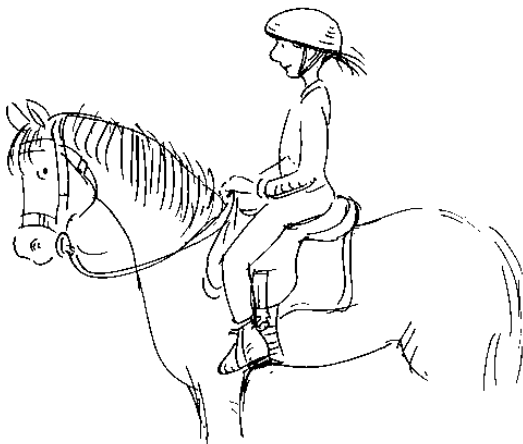
Farm motorcycles

- Are children appropriately supervised when learning to ride two-wheeled motorcycles?

- Do all riders always wear a currently fitted motorcycle helmet, long pants, and sturdy footwear when riding motorbikes?
- Does the farm adopt manufacturers' recommendations and:
 - Prevent children under 16 from riding quadrunners (ATVs);
 - Prevent passengers riding on quadrunners.

Horses

- Are children only allowed to ride horses suited to their age and riding ability?
- Are children appropriately instructed and supervised when learning to ride horses?
- Do children on the farm always wear well-fitted riding helmets and smooth-soled riding boots when riding horses?



Tractors and machinery

- Do you prevent children from riding as passengers on tractors and machinery?
- Are children encouraged to keep away from tractors and farm machinery on your farm?

Farm vehicles

- Do children always use seatbelts and proper restraints and never ride in the back of utes?
- Are drivers careful when moving vehicles near the house in case children are present?
- Are keys kept out of reach of children when vehicles are not in use?

Other hazards

Have other hazards (e.g. firearms, chemicals, electrical, noise, silos) that children could access on your farm been identified and addressed?

Copies of this checklist can be downloaded from Farmsafe Australia

W www.farmsafe.org.au

Please note that the checklist is not a substitute for a comprehensive 'on farm' safety inspection and occupational health and safety management program. More information on this and 'Managing Farm Safety' courses for farm owners and managers is available from Farmsafe Australia and your state Farm Safety Organisation.

The Victorian Farmsafe Alliance is a collaborative project funded by the Victorian WorkCover Authority, the Department of Human Services, The Department of Primary Industries and the Victorian Farmers Federation.

The Victorian Farmsafe Alliance with the support of local farm safety action groups and community centres conducts activities to raise the awareness of farm injuries and presents practical solutions.

Resources for teachers

There are a variety of resources available to schools and community organizations. The farm model is very popular amongst younger students, as are the activities and puzzles, which support this activity.

A number of videos are available to organisations that wish to run programs about farm safety. Titles include:

- *Health & Safety on the Farm*, a guide to health and safety induction of farm workers.
- *Farm Safety, The Video*, a 10-minute video with a lighter approach depicting hazards faced by children on the farm
- *The John Deere Collection*, a one-hour collection featuring a number of aspects of farm safety.
- *Farm Safety, How One Victorian Farmer Made it Happen*, a practical demonstration of simple solutions to farm hazards.
- *We're Killing our Kids*, a NZ video featuring a doctor pointing out the unacceptable level

- of death and injuries from ATVs on farms.
- *Cattle Handling*, a NZ video demonstrating practical cattle handling skills and yard design.
- *Clearing the Air*, a guide to handling conflicts in the workplace.

A recently acquired set of display material is also available for loan; this comprises a freestanding display board with a range of posters and information sheets.

A teaching resource called *Ripper – Rural Injury Prevention Primary Education Resource* is available. This provides a teaching program for students of varying ages, and will help reduce children's risk of injury by:

- Increasing their awareness and understanding of farm hazards.
- Helping them develop strategies and behaviours which will prevent farm injuries.

Safe Play Areas is a resource package to help parents in rural environments plan and

construct a safe and interesting play area that makes the supervision of children at play more manageable.

The above-mentioned resources are available from Community Health Centres and the Farmsafe Alliance, which is located in the Victorian Farmers Federation office. While many resources are available free on loan, it is advisable to book well in advance. The *Ripper* book sells for \$15.

For further information contact The Victorian Farmsafe Alliance

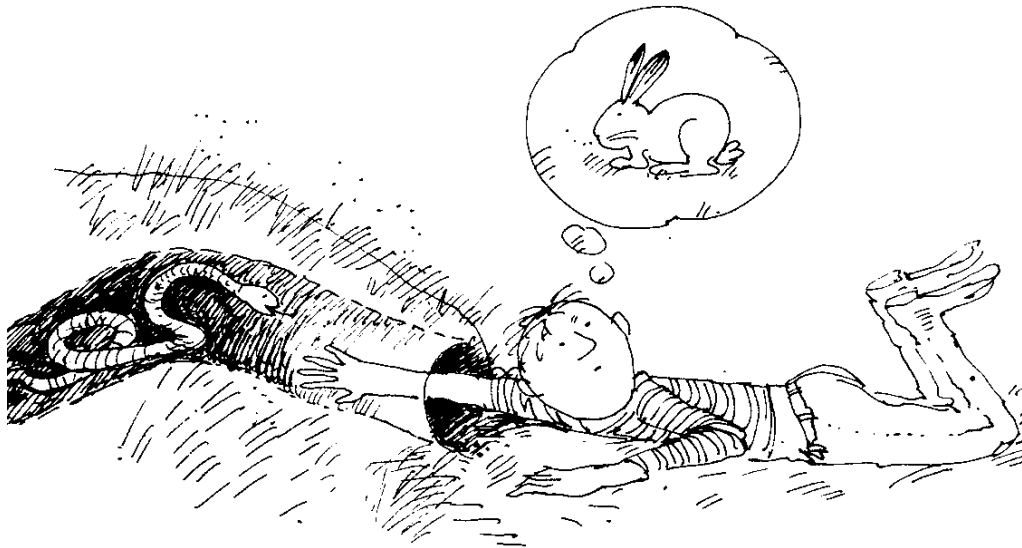
C/- Victorian Farmers Federation
24 Collins Street, Melbourne 3000

T (03) 9207 5509

W www.farmsafe.org.au

Our thanks to the Victorian Farmsafe Alliance for contributing this section.

Venemous creatures



It is estimated that tens of thousands of Australians are bitten or stung annually by venomous creatures. Fortunately, serious bites and stings are relatively infrequent, probably due to the highly urbanized nature of our population. In 2006, there were 84 Victorian hospital admissions and 478 emergency department presentations as the result of a venomous bites or stings among children aged 0–14 years.

Venomous bites and stings are more frequent in the warmer months, representing both an increase in the activity of venomous creatures and the prevalence of outdoor activity. Bites and stings are particularly common to the limbs.

Advice on treatment for bites and stings is available from the Poisons Information Centre

T 131 126 from anywhere in Australia

Snakes and snakebite

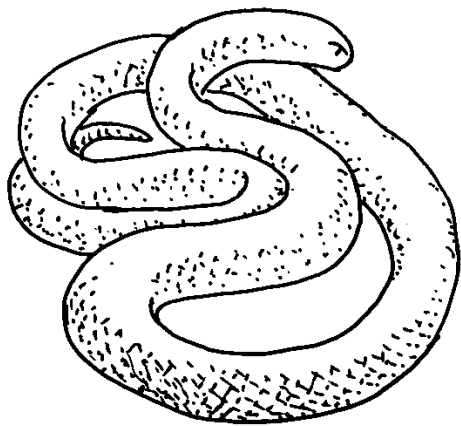
Prevention of snake bite

Most cases of snakebite can be avoided by following these simple rules:

- Leave snakes alone.
- Wear sturdy shoes and adequate clothing in 'snake country'. Do not wear sandals or thongs.
- Never put hands in hollow logs or thick grass without prior inspection.
- When stepping over logs, carefully check the ground on the other side.
- Always use a torch around camps and farmhouses at night – most snakes are active on summer nights.
- Keep barns and sheds free of mice and rats, as they will attract snakes.
- Keep grass well-cut, particularly in playgrounds and around houses.

Special notes regarding children:

- Never let children collect snakes.
- If a young child says he or she has had contact with a snake, please believe them. (Better to be safe than sorry).
- Sudden collapse, fainting, vomiting and/or persistently bleeding scratch or puncture marks in children who have been playing



outside might indicate snakebite. Better to apply appropriate first aid and treat as for snakebite.

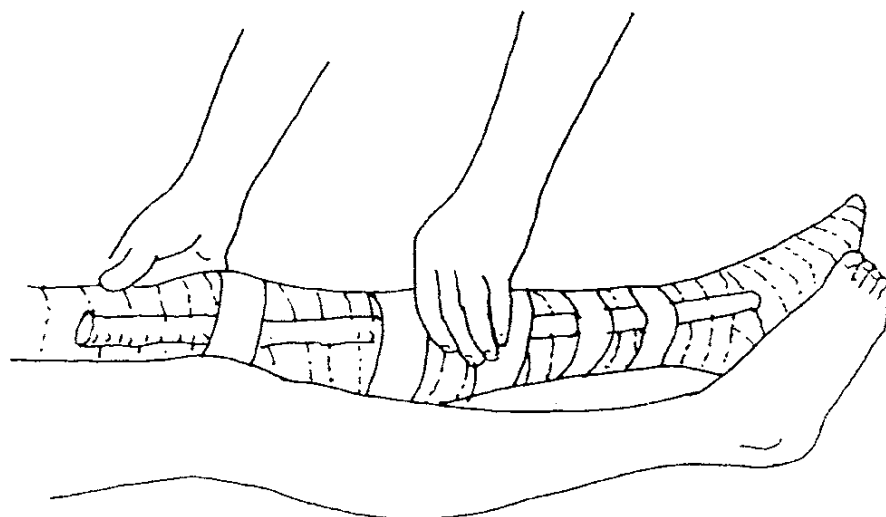
- Snakes do not sting. If a child says they were stung by a snake – treat as a bite. Children in rural areas have died because of misunderstandings about death adder ‘stings’.

Snake bite when far from civilisation

Leaders of bush walking groups, scouts and individuals travelling alone in remote areas often seek advice on this subject. Such groups should be advised on how to avoid snakebite before setting out (see above).

- People travelling in isolated areas are far more likely to need medical aid following falls, heart attacks or other illness, than for snakebite.
- When possible a radio transmitter or mobile telephone should be part of the expedition's equipment.

When bandaging, leave tips of toes showing so that cyanosis (blue skin colour) will be visible on inspection



- Before setting out, have a plan in case of bites and stings, including evacuation and knowing where the nearest medical facility is and how to contact it.
- If snakebite occurs, appropriate first aid may ‘buy time’ for the patient to reach medical care.

Some facts on snakebite

- Not all snakes are venomous but it is safer, from a first aid point of view, to consider all snakes dangerous.
- Sometimes only minimal amounts of venom are injected, even though puncture marks are present.
- At least 95% of bites occur on the limbs. Around 60% involve the lower limb.
- The venom may be injected quite deeply. It has been shown that little venom is removed by incision or excision.
- Research has shown that movement of venom into the blood stream may be delayed if firm pressure is applied to the bitten area and the limb is immobilised.

First Aid for snakebite

First aid using the pressure-immobilisation procedure

- Immediately apply a broad, firm pressure bandage around the limb and over the bite site.
- It should be as tight as one would bind a sprained ankle.
- As much of the limb as possible should be bandaged.

- Bandage from below upwards as this will be most comfortable. Even though a little venom is squeezed upwards, the bandage will be far more comfortable, and therefore may be left in place for longer if required.
- Start at the toes or fingertips.
- High quality pressure bandages are ideal but in an emergency any flexible material can be used.
- Do not remove clothing from the bite site, as the movement in doing so will promote the entry of venom into the blood stream.
- Lie the patient down to minimize movement.
- Keep the limb and the victim as still as possible.
- Bind some type of splint to the limb e.g. piece of timber, spade, and rigid object. For the leg, you can even use the other leg as the splint.
- Bring transport to the victim whenever possible.
- Leave the bandages and splint on until medical care is reached.
- Don't cut or excise the bitten area.
- Don't apply an arterial tourniquet.
- Don't wash the bitten area. The snake involved may be identified by the detection of venom on the skin. If the snake can be safely killed, bring it to the hospital with the victim for identification.

Bites on the hand or forearm

- Bind to elbow with bandages
- Use splint to elbow
- Use sling.

If the bandages and splint have been applied correctly, they will be comfortable and may be left on for several hours. They should not be removed until the patient has reached a doctor.

If venom has been injected, it may move quickly into the circulation when the bandages are removed. The doctor will leave bandages in position until he or she has assembled appropriate antivenom and drugs, which may have to be used when the bandage is removed.

(The first aid measures can always be quickly re-applied if deterioration occurs, and left on until antivenom therapy has been started.)

Additional first aid for snake bite

- Bites to the trunk: If possible apply firm pressure over the bitten area. Do not restrict chest movement. Keep the patient still.
- Bites to the head or neck: No first aid for bitten area.
- Sea snakes: The pressure-immobilization procedure is appropriate for sea snake bites.

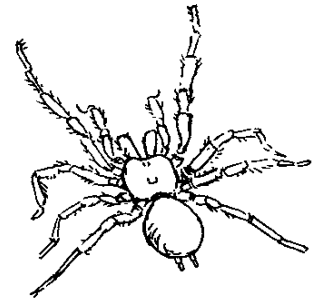
Spider and insect bites

First aid for bites and stings by other Australian creatures, which may cause death

The pressure-immobilisation procedure described on the previous pages is now recommended for use in the majority of other bites and stings with several exceptions discussed below. Arterial tourniquets are no longer recommended for any type of bite or sting.

Sydney funnel-web spider

The pressure-immobilization procedure should be commenced as soon as possible and left in position until the patient is in hospital. Experimental evidence suggests that this venom may lose its activity if kept in the bitten limb. Antivenom is available.



Redback spider

No first aid is recommended for these bites other than the local application of iced water. The venom works slowly and if its movement is restricted, local pain may become severe. More than 300 cases received antivenom each year and



no deaths have occurred since this treatment became available.

Other types of spiders

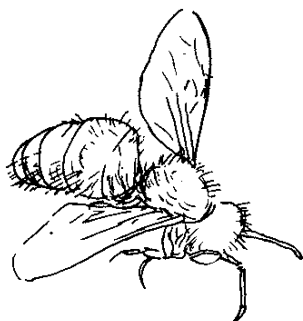
A variety of common house and garden spiders frequently deliver bites, but usually very little occurs other than a little local pain and swelling. Bites are best lightly washed with soap and water. Iced water may give relief from mild pain and itching. Medical advice should be sought if local changes are causing concern.

Note: If bitten by a spider, always try to capture and preserve the culprit in methylated spirit for identification purposes, even if it has been squashed.

Bees, wasps and ants

May cause anaphylactic shock or death in allergic persons. In non-allergic persons, iced water usually relieves the pain. In all cases, bee stings should be scraped or pulled off as quickly as possible to prevent further injection of venom from the venom gland, which remains attached to the sting.

In persons known to be allergic, medical care should be sought immediately. Patients who have suffered systematic reactions should have access to injectable adrenaline and know how to use it. Purified venoms are available to desensitise people allergic to bees and most wasps. Purified jumper ant, bull ant and green-headed ant venoms are not commercially available, except for jumper ant venom for desensitisation in Tasmania.



The Australian paralysis tick

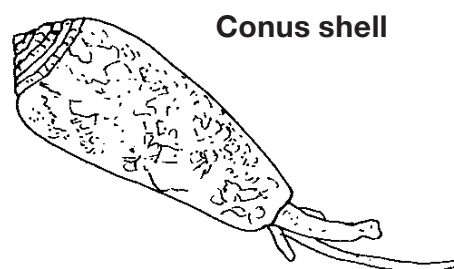
As soon as possible, the tick should be carefully removed by levering it out of the skin with tweezers, dental floss or the open points of curved scissors. It is possible that this action

may result in the further injection of toxic saliva into the victim, but the longer the tick remains in situ, the more venom may be injected. If the child is unwell, especially if there is any weakness, including difficulty walking, swallowing or any droopiness of the face and/or fever and rash, seek urgent medical attention. As allergic reactions may also occur after a tick bite, treat such effects as for the allergic reactions caused by bees, wasps and ants.

Marine creatures

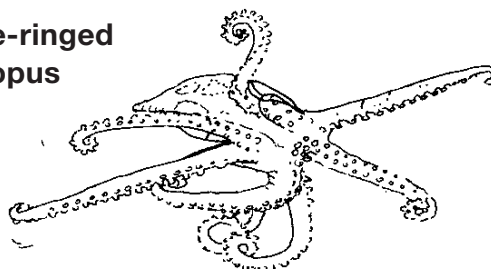
Blue-ringed octopus and Conus shells

The pressure-immobilisation procedure is recommended. Prolonged artificial respiration may be needed following a bite or sting.



Conus shell

Blue-ringed octopus



Box jellyfish

Pour domestic vinegar (never methylated spirit or alcohol) over the adhering tentacles to inactivate them as soon as possible. This prevents the further discharge of stinging cells. Artificial respiration and cardiac massage may be required. Antivenom is available.

Other types of jellyfish

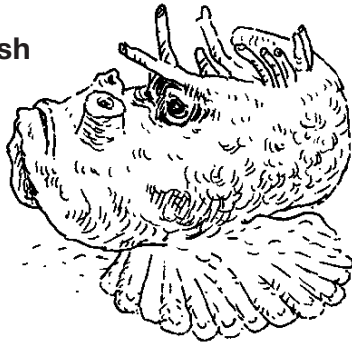
The application of vinegar is recommended for stings by the other dangerous jellyfish such as the Morbakka and Irukandji. Current opinion is that all other jellyfish stings, including those of

the Physalia (the 'blue bottle' or 'Portuguese man 'o' war') are best washed with sea water and then covered with iced water packs or hot but not scalding water (as for stinging fish).

Stonefish and other stinging fish

Severe pain is the most prominent feature. Do not attempt to restrict the movement of the injected toxin. Some stonefish stings respond to bathing in warm (not scalding) water. All stonefish stings require medical attention, as do most deep stings caused by other fish. Often foreign material and bacteria are deposited quite deeply. Stonefish antivenom is available.

Stonefish



Stingrays

While stingray spines contain venom, tissue damage and the possibility of infection may be more important considerations. All cases

should be reviewed medically as these stings may result in serious wound infections (as well as other problems). Any stings or suspected stings by stingrays involving the chest or abdomen must be considered an emergency and medical attention sought immediately. Deaths have occurred when the barb has penetrated the heart or abdomen. First aid consists of (i) the application of local pressure above bleeding wounds (to stop bleeding), (ii) if it is still in place, don't remove the stingray barb yourself – leave that to the doctors in hospital, (iii) if the pain is significant and there is no bleeding then immersing the stung area in hot (but not scalding) water may reduce the pain (as for other stinging fish).

For further information contact:

The Australian Venom Research Unit provides a 24-hour advisory service for doctors via the Poison Information Centres:

T 131 126 Australia wide, and directly 1300 760 451.

The Australian Venom Research Unit

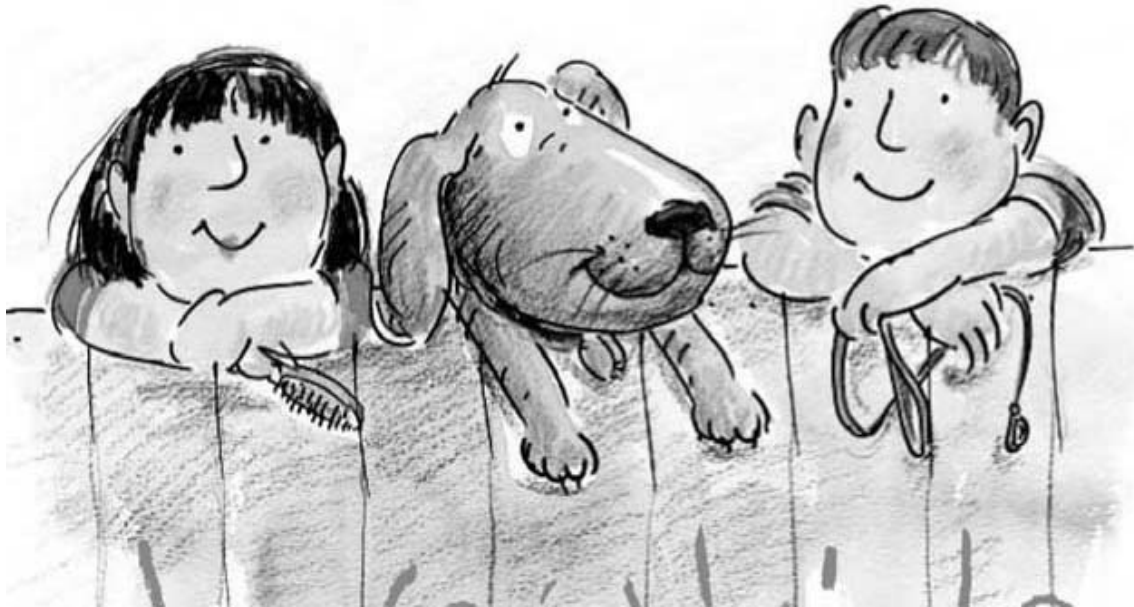
Department of Pharmacology
University of Melbourne VIC 3010

T (03) 8344 7753

W www.avru.org.au

Our thanks to the Australian Venom Research Unit for contributing this section.

Dogs 'n' kids



The benefits of growing up with pets

Pets are an integral part of our lives as Australians. In fact over 80% of Australians have an animal companion at some period in their life. Pets are important in children's lives both for the enjoyment that they bring now as well as role rehearsal for future adult activities. The relationship between children and their pets is special and comforting. Sometimes pets are even ranked higher than certain kinds of human relationships for comfort, esteem support and confidants. Some benefits of pet ownership have been identified in areas of child development, family harmony and even health.

Child development

Having a relationship with a pet can help develop such skills as:

- Nurturing skills
- Responsibility
- Empathy
- Caring attitude
- Communication.

Studies have shown that children with pets:

- Have higher self esteem
- Have improved social skills
- Are more likely to be physically active, and less likely to be overweight or obese.

Family harmony

Pet ownership also has a beneficial effect on family harmony. Research shows that families with a pet:

- Spend a lot more time interacting
- Have a basis for fun activities and friendly conversation including the important topics of life

Health

The relaxation and relief from stress provided by animal companionship also yields health benefits for parents. In comparison with their pet-less counterparts, pet owners:

- Have a decreased risk of cardiovascular disease
- Have fewer minor illnesses and complaints
- Visit the doctor less often

Whilst owning a dog can be a delightful family experience and has enormous benefits for the

child and the family, parents need to be aware of the risk of injury from dog bites.

Who is at risk of injury from dog bites?

Dog ownership within a family brings with it the risk of dog bite. Around 10,440 people each year attend hospital emergency departments in Australia for dog bite injuries. Children under the age of five are most at risk of dog bite injuries and are most frequently bitten by their own family dog or by a friend's dog, usually in or around the home. Incidents are commonly triggered by a child's interaction with the dog such as playing or approaching the dog while it is sleeping or eating. There needs to be close supervision at all times when dogs and children are together.

Young children are often bitten on the head, face and neck because of their height in relation to the dog's height. The hand, fingers and lower leg are also a common area to be bitten in children. Dog bites can lead to infection, permanent scarring and disfigurement. There can also be symptoms of post traumatic stress disorder. If bitten by a dog, the child may require a tetanus booster and other medical care.

Minimising the risk of dog bites by reducing common dog – child potential conflicts

Always supervise children around dogs

Supervision of dogs and kids together is an essential factor in reducing injuries caused by dogs. You cannot prevent an incident if you are not there. Supervision ideally means one adult for the dog and one adult for the child.

However parents cannot be in two places at once, so if you are unable to appropriately supervise them together then separate the dog and child at this time. For example, put the dog outside or in a different room if you are not in the room where the children are playing. Or have the dog or child follow you when you leave the room so that you know where they both are at all times. Supervision will allow you



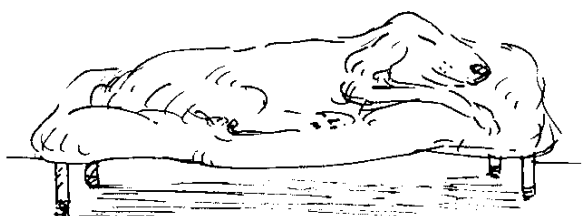
to form the ground rules and teach both the child and the dog what is appropriate and safe behaviour. Remember to reward both the child and the dog when they behave correctly.

Play around dogs

Many dog bites occur when children are playing around dogs. Sometimes young children can unintentionally be rough and unrelenting. They may be unaware that their behaviour is annoying or threatening to the dog. Their high pitched squeals and uncoordinated attempts at showing affection can concern the dog, causing it to act defensively or trigger a chase response. Discourage rough, inappropriate play, as this may over excite, upset or hurt the dog. Explain that a dog should never be hurt or teased. Teach children to call you rather than remove or reclaim a toy by themselves from a dog as the dog may become possessive of a toy.

Sleeping dogs

Teach children not to approach a sleeping dog. When suddenly awoken or aroused from sleep, humans have been known to behave defensively, that is to strike out. Dogs when suddenly woken may behave in much the same way if they are frightened. Dogs should not be disturbed when sleeping. However if you need to wake the dog up, call the dog from a distance to allow it time to become oriented.



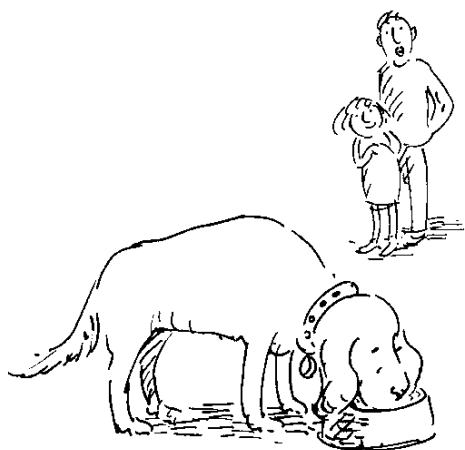
Children should be taught not to approach a sleeping dog.

Provide the dog with a bed that is separated from noisy high-activity areas. This will minimise the risk of unintentionally waking the dog. The dog needs a place, such as a crate or kennel, where it can get away if it is tired, not well or does not want to be cuddled.

Feeding dogs

Children should be taught not to approach a dog that is eating or gnawing on a bone.

Feeding the dog is an 'adults only' activity. This is because correct nutrition is important and also dogs may become protective of their food or bones. Teach children to call you rather than reclaim dropped food themselves from a dog. Some dogs may be taught to accept interference with their food from the time the dog enters the house as a puppy. This requires the owner to teach the puppy that it is ok if someone approaches while it is eating or its food is removed. One way to begin this training is to put your hand on the empty food bowl. If the puppy is happy and does not show signs of concern or aggression, such as growling, add a tasty treat to the food bowl and reward the puppy with verbal praise and possibly a pat. This should be repeated many times until the puppy actually looks forward to people approaching the food bowl. This training should continue throughout the dog's life but even so,



the dog should be separated from children when it is eating.

Learning how to get along together

For our interactions to be pleasurable, dogs, children and adults need to learn how to approach and communicate effectively with each other. This will help to prevent misunderstandings and conflict. Supervising children and dogs together and teaching both children and dogs how to behave around each other are the keys to preventing dog bites.

Important dog behaviour to recognise

Dogs have a special way of communicating with each other and humans. A dog's body language may give us clues about how a dog is feeling. Some dogs perceive eye contact or staring as a threat or challenge.

A dog should be left alone if it:

- Lifts its lips
- Growls
- Backs off
- Raises the hair on its back.

Teaching children how to interact with dogs

Children learn most effectively by 'doing'. Many of a child's life skills, such as crossing the road, grooming and eating are learned from the parent, with the child modelling the desired behaviour. Telling children 'don't...!' will not give the child the necessary information or skills to perform the correct behaviour. Children need to be shown how to interact appropriately with dogs; they need positive messages and role models.

Model the desired behaviour with the child. Tell them what you are doing and why you are doing it.

Approaching a dog

Children should be taught not to approach a dog without adult supervision.

Whether the dog is familiar not, your child should always ask their parent or carer if they want to pat a dog.

The next step is to always ask the dog owner for permission to pat the dog. Only when they say it is ok to pat the dog then proceed to the next step.

Teach children to never approach an unfamiliar dog, even if it looks friendly

If the dog does not know you or your child then the owner of the dog must introduce any new people to the dog. The dog owner should communicate with the dog so that the dog understands that contact with a stranger is about to happen and it is not a threat.

Even if it is a familiar dog, you still need to closely supervise your child. Use the dog's name as you approach it and speak softly.

There should be at least one adult per child and one adult per dog. This is regardless of how well you know the dog.

The dog's owner should hold, pat and speak to the dog to reassure the dog that this contact is pleasurable while the parent initially shows the child what to do and then guides the child through the correct actions. Showing children the correct actions is essential when young children are learning the skills of interacting with dogs.

Show the child how you do it first using your hand then repeat it using their hand.

The dog should be approached on an angle, not from the front or rear. Move slowly and calmly and always be gentle.

Curl your fingers into a fist and slowly extend the back of your hand and allow the dog to sniff it. Being faced with an open palm may be threatening for a dog. Gently pat the dog under the chin or the side of the chest. Do not pat on the top of the head or the shoulders as again this may be threatening for the dog.

At this point, before your child is involved, determine if the experience has been good so far, judge whether both the child and the dog are calm and content to be involved and establish if it is safe to proceed. If either the child or the dog is not relaxed and willing, then do not persist. If the dog doesn't sniff the hand or if it backs away, do not attempt to pat it. Depending on the experience you may or may not decide to try again with this dog at another time.



If you proceed, curl your child's fingers into a fist as you did and hold and guide the child's hand to repeat the action that you have just done so the child can feel the dog's warm fur by stroking under the chin or on the chest.

Praise the child for being involved and demonstrating the correct actions. Also praise the dog for being calm and compliant.

Don't assume that once the behaviour has been demonstrated, the child will remember the correct order, appropriate place to pat the dog, or action required. The skill may need a longer period of assistance before the child is fully able to demonstrate the skill. Only once the child begins to consistently correctly pat the dog, and the dog is calm and relaxed with the contact, may the parent modelling be gradually withdrawn, but always supervise the child's and dog's interactions closely. Young children need constant and close supervision when in contact with dogs. Young children do not have the skills or understanding of how to interact with a dog appropriately. The child may have no concept of the pain they may be inflicting on a dog when they handle it roughly and they may not be able to recognise the early signs of concern or aggression from the dog such as lip lifting or growling.

What to do when approached by an unfamiliar dog

Children are easily excited. A common reaction in their excitement is to run and squeal. This behaviour can frighten a dog that may only be curious, or the dog might want to join in the fun.

When approached by an unfamiliar dog, children should be taught to stand like a statue with their arms by their sides and hands in a fist or hands tucked into their armpits and importantly, not to scream. It is most likely that the dog will sniff the child then walk away. However, it is important to instil in children the importance of not making eye contact with the dog. Teach children to look at their own feet when approached by a dog, until a relationship has been strongly established. If knocked over by a dog, teach children to curl into a ball, stay quiet and wait until it goes away.

Children should be taught to leave an unfamiliar dog alone and to tell an adult who may be able to deal with the dog appropriately.

Introducing a new dog into a household with a child

It is ideal to choose a puppy that has already had friendly experiences with children such as in the breeder's home. If accepting an older dog then you need to gain as much information about the dog's life as possible and assess the response of an older dog to children before accepting it into your home. Temperament testing may be available from the place of adoption or it may be best to have a veterinarian or qualified animal behaviourist assist you with this assessment. Temperament tests are not foolproof but they will help give you an indication of the dog's responses to everyday situations. Prior to the arrival of the dog, children should understand that the dog is a living and feeling animal and not a toy. It can be beneficial to allow children to have positive, well supervised socialisation experiences with other dogs, prior to bringing your new dog home. The dog must always be treated gently and quietly. When introducing your new dog and your child follow the information found above in *Approaching a dog*.

Sometimes the dog will want to be left alone, for example when it is sleeping or eating.

The child should be encouraged to take on age-appropriate responsibilities such as grooming or keeping the water dish full. However you still need to make sure this is being done competently as ultimately you are



responsible for your dog. Older children can learn to teach their dog good manners such as 'come' or 'sit' on cue.

Teach your child that an adult should always be present when they are in the company of a dog.

As dogs and children both vary individually, it is impossible to identify an age for children to accept responsibility for themselves around dogs.

Introducing a child into a household with a dog

Young babies and children should never be left alone with a dog.

A new baby requires an enormous time commitment from parents in order to feed and nurture the infant adequately. The time spent with the baby is time that might otherwise have been spent with the family dog. If any adjustments to the dog's routine are likely, gradually introduce the changes, for example the amount of time to be spent with the dog, where the dog will be fed, sleep etc. Ideally the dog should have regular, safe exposure to children throughout its life.

Prior to the arrival of the baby, gently introduce 'child like' contact with the dog, for example stroking and gentle pulling of the ears, tail or paws. The dog should be rewarded for being relaxed and accepting the contact. The dog should be taught how to gently accept toys or food from an adult's hand after an appropriate verbal cue such as 'take'.

Rewarding a dog with praise when the baby is in its presence creates a positive association for the dog. Shouting at the dog or locking it

outside will create a negative association for the dog. Interaction between the dog and adults should not be exclusive to times when the baby is asleep. Taking your child with you when walking the dog is one way to create a positive association between the two.

The dog should get used to the sound and smell of a baby before you bring the baby home. While the baby is still in hospital, bring home something that smells of the baby and allow the dog to sniff it. There are numerous CDs available that have the sounds of babies crying and children playing that can be used to help the dog learn that these are noises that are just a part of life.

Babies and dogs need strict and close supervision at all times. Make sure the dog does not have any unwanted access to the baby, such as whilst on the floor or in the baby's room. There may be changes that need occur in your home such as which rooms the dog is allowed access. Begin this prior to the baby arriving. Make sure that the dog cannot enter these rooms unnoticed by closing the door or using an unbreachable door barrier.

As your child grows you can follow the information found above in *Learning how to get along together*.

As dogs and kids grow up

As children grow up with a dog, hopefully the relationship between them becomes one of love, mutual respect and understanding of each other's needs and behaviours. However, as a dog gets old, is unwell or if in pain the behaviour of the dog can change. Situations such as moving house, visitors or other changes to the dog's environment can also cause a dog to feel unsettled. If a bitch is pregnant or has puppies she may feel tired, sore and protective of her babies. Be aware that her behaviour may be different from what you may be used to. Treat her gently and allow her space to be a mother. Be aware and make the appropriate changes such as increasing supervision of dogs and kids, separating them if you need to and communicating with your children so that they understand what is occurring.

If you are concerned about your dog's behaviour then seek help immediately from your veterinarian.

Responsibilities of dog owners

Choosing the right dog

Your dog may be part of your family for 15 years or more so choosing the right dog is very important. It is worth taking that time to carefully consider the factors that will make sure your family and your dog are well matched. You should not purchase a breed of dog simply because it is 'in fashion', or if the breed has been featured in a popular film or television show. This could lead to the dog and the family being unhappy and may lead to dogs being surrendered to animal shelters or abandoned. It is an offence to abandon an animal.

Even though each breed has been selectively bred for different characteristics, such as activity level, each dog is an individual. Crossbreeds vary even more in their characteristics. To choose the dog that will be suit your family needs best, some things to consider are:

- The expected activity level of the dog.
- Any known breed problems such as genetic disorders.
- How much time each day can you dedicate to exercise?
- Do you have children or expect to in the future?
- Will your dog be a working dog or a house dog?
- How much time might be required for grooming?
- What is your budget for dog food and maintenance?
- What size of dog is most manageable for you?
- How much time would the dog spend alone?
- Who is likely to be the main carer of the dog?
- How big is your yard?
- Why the breed was developed?

Please be aware that there are restrictions on keeping some breeds.

Any dog is capable of biting. Small dogs may inflict small wounds; larger dogs inflict larger wounds. Parents should not introduce a young child to any dog, regardless of breed, without strict and close supervision.

Need help choosing a breed?

The Petcare Information and Advisory Service can assist members of the public to choose dog breeds most likely to suit their lifestyle. Potential dog owners can contact the service prior to purchasing a dog to help find a good match of dog and family. This can be done on: **W** www.petnet.com.au for free by clicking on Selectapet.

Your veterinarian or canine associations can also give you advice about choosing the right dog.

Training

Training is essential for all dogs regardless of breed, size or age.

Training is just teaching the dog good manners. It is important to teach the dog how to behave appropriately whether it is around people they know, strangers, children or other pets. Dogs that leap on visitors are not only annoying, but can cause serious falls. Dogs that fail to respond to verbal and visual cues such as 'come' and 'stay' could be placing their own life and also a car driver's life at risk by running onto the road.

All dogs should be taught the basic verbal cues that will keep them and others safe. Cues such as 'come', 'stay', 'sit', 'settle', 'drop' and walking safely on a loose lead are the very least a dog should know. Some dogs can also be trained not to react when someone touches their food, although it is best never to interfere with dogs whilst they are eating.

For advice on training, contact the Victorian Canine Association, the Canine Association in your state, a qualified dog trainer found in an obedience club, Canine Good Citizen trainer or Delta Society Australia. There are also many excellent books on the subject. The focus of training should always be on using positive reward based methods rather than punishing unacceptable behaviours.

Dogs need clear and consistent messages. Once a dog is trained, older children will need to be taught by adult family members how to continue working with the dog using verbal and visual cues that are meaningful for the dog. With the assistance of an adult, older children can also reward the dog for behaving appropriately with praise and pats.

Socialising the dog

When out, all dogs should be on a lead unless in a designated off leash area and under your control.

Socialising your dog throughout its life is very important. Socialising means that your dog learns to accept people, children and other animals as part of its life.

It helps when selecting a dog that will become a member of a family, to choose a pup that has been socialised with children and other animals. This means the puppy is used to having contact with children and other animals.

Dogs that are not members of a household with children need to be introduced to children regularly and safely. Please understand however that some dogs may never learn to accept children.

The dog's environment

Dogs need to exercise their minds as well as their bodies if they are to be fit and healthy and live happily in a family.

Most dogs like the opportunity to get involved with their physical environment. Most dogs also like to socialise with both people and other dogs. This interactivity should result in a happier, more relaxed dog, which is less likely to be aggressive.

A well managed physical environment for your dog can eliminate many of the unwanted and destructive behaviours that are usually associated with lack of mental and physical stimulation.

A secure yard, which prevents the dog roaming, is required by law by most local councils. This also minimises the risk of injury to the dog and motorists in motor vehicle accidents.

Sometimes a fence that allows the dog to

see the outside world and passersby can help interest the dog and occupy time and make a dog less likely to react to dogs and people. However, other dogs can be more reactive if they see outside the fence so their line of sight may need to be blocked.

Clean, dry bedding should be raised from ground level.

Clean up any faeces the dog deposits both inside and outside of the yard. Not picking up dog faeces creates both an unhygienic and unpleasant environment.

Provide opportunities for the dog to exercise its mind and body during periods when the dog has to be left alone. Toys such as a Kong™ or raw bones are good starters. Remember to change your dog's toys daily to maintain interest and check them regularly for safety. Discard toys that are broken as they can damage the dog's mouth and teeth. Some dogs may become possessive with bones. Avoid them if this is the case with your dog.

Dogs need regular walks and training to provide interest, variety and exercise in their day. Areas outside of the property can be utilised for walks and training and off leash exercise in designated areas. Children should always be supervised when a dog is present.

The law

All states have laws that outline the responsibilities that dog owners have for their dog's behaviour. Offences are punishable under law. These laws vary from state to state and council to council, but generally the following principles apply.

You are required by law to register your dog with the local council, usually prior to the dog reaching three months of age. Commonly registration needs to be renewed annually. Registration may be cheaper for dogs that have undergone specific obedience training, have a microchip inserted and are desexed. Some councils require the dog to be desexed unless exempt. Failure to register your dog can lead to a fine. Your dog also needs to be clearly identified. A collar and tag with a clearly marked name, phone number, address, local council identification and registration number is important. A microchip provides permanent identification and

is mandatory in some jurisdictions.

It is an offence if your dog:

- Strays onto another person's property
- Roams at large
- Rushes at, attacks, bites, chases or worries any animal or person
- Creates a nuisance e.g. excessive barking.

You can be held liable for any damage caused by your dog.

Dogs must be confined to their property. Some councils require dogs to be under 'effective control' while in public spaces, others require dogs to be leashed at all times except in specially designated areas where dogs can be exercised off the leash. Dog owners should contact their local council to find out which rules apply.

Most councils have limitations on the number of dogs which may be kept on a property. A permit may be needed if you keep more than the specified number of dogs.

Your council may have local laws requiring the dog owner to remove any faeces deposited by their dog. This is courteous practice even if not required by law.

Hot weather

Children and dogs should never be left alone in a car.

In hot weather, the temperature inside the car can increase dramatically within a few minutes. Leaving the window down makes little difference to the temperature inside the vehicle. Children and dogs left in vehicles on warm days are at risk of rapid dehydration and even death. It is an offence to leave a child unattended in a vehicle.

Holidays

Make sure that your dog enjoys holidays when you do and organise safe and appropriate accommodation. Prepare well in advance as boarding kennels become booked out especially in peak periods. The carer must be aware of his/her responsibilities of keeping your dog and to make sure all people and property your dog contacts are safe. Make sure the carer of your dog has instructions on how to care for your dog, what the local laws are and

emergency phone numbers for veterinary care, the local council and yourself. Many people take their dogs with them on holidays. Again, prepare well in advance so that you are certain your dog is allowed to be where you intend to travel. Contact the local council you are travelling to and find out the areas your dog is welcome or excluded, such as beaches and national parks.

Health issues affecting dogs 'n' kids

Socially responsible owners maintain their dog's health. A dog, that is unwell, may be irritable. Dogs, like people, are susceptible to a variety of diseases and conditions that are caused or exacerbated by poor hygiene. Some diseases found in dogs can be transferred to humans, so it is essential to insist on strict hygiene rules for the entire family.

It is important to discuss the following information with your veterinarian who can give you accurate and specific information on keeping your dog healthy.

Infections

Young children may not fully understand the importance of personal hygiene. The new puppy that has not yet been toilet trained poses a health risk for children crawling around as they can put their hands in dog faeces, and pick up infections or worm eggs from the floor or ground. Young children are likely to have less resistance than adults and can pick up a mild or serious gastroenteritis or other disease from dog faeces. It is important to supervise their hand washing after contact with all animals. It is particularly important that all faeces are removed from the yard and outside the yard if on a dog walk. Your veterinarian, veterinary nurse, veterinary behaviourist or qualified dog trainer will give advice about how to toilet train a new puppy quickly and effectively. Use rewards and praise for correct behaviour. If your dog soils in the wrong place, do not rub your dog's nose in it as it may make them sick and lead to other behavioural problems.

Canine vaccinations

All puppies require vaccinations for canine distemper, hepatitis and parvovirus. Vaccinations are also available for kennel cough. People cannot catch these diseases. A yearly trip to the veterinarian is necessary for a general health check and your veterinarian will discuss appropriate vaccinations, health maintenance and desexing.

Worms

Dog worms such as roundworm, hookworm, whipworm, tapeworm and heartworm can easily be controlled at home. Puppies are most susceptible to intestinal worms and should be wormed at least every two to four weeks depending on their age and adult dogs every three months. Consult with your veterinarian to make an effective plan to worm your dog. Heartworm requires different medication. Discuss this with your veterinarian for further advice. It is essential that all pet medication including worm control medication be placed in a locked child resistant cupboard.

With the exception of tapeworm, adult dog worms cannot be transmitted to people, however the larva from worm eggs can migrate through the organs and skin of children and cause a rare and serious condition called visceral larval migrans. Dogs should be wormed regularly as advised by your veterinarian. Children can pick up worm eggs from sources such as dogs, the ground and the school ground. They can pick up worms which are infectious to humans from other children. Children should be taught how to wash their hands thoroughly.

Fleas

Flea bites can cause nasty skin irritations for dogs and humans. Fleas may also carry tapeworm eggs. Children ingesting these fleas can become infected with tapeworms. Flea control medications are now available for dogs and are one step in the flea control cycle. All dog bedding should be kept clean. Thorough vacuuming of all carpets and regular flea control programs within the house are

recommended. Consult your veterinarian for further advice.

Food and Water

Dogs need a complete and balanced diet that meets their physiological needs. Your veterinarian can assist you with this. They also need an ample supply of clean water at all times, especially in the warmer months. Larger dogs require a higher volume of water. If young children are likely to enter the property, they are at risk of drowning in large containers of water. Replace large drinking containers with a series of smaller bowls that are not likely to be a drowning hazard for children. The bowls should be spill proof.

What can health professionals do to reduce the risk of dog bite injuries to children?

Health professionals play an active and important role in reducing the risk of dog bites to children by:

- Providing parents with the *dogs 'n' kids* brochure.
- Conducting an information session with parents.
- Inviting a veterinarian to speak to the group about socially responsible dog ownership.
- Inviting a local government representative to explain laws and dog owner responsibilities.

- Following up any reported dog bites with dog owners and the local council.
- Running a basic first aid course that demonstrates how to deal with animal bites and stings.
- Encouraging parents to have a first aid book as a quick and easy reference and a first aid kit in the event of a dog bite and to seek medical assistance.
- Inviting a veterinary behaviourist, veterinarian or representative of the dog obedience school to attend an information session with parents and assist with introductory classes for parents with dogs.

For more information contact:

The Safety Centre

The Royal Children's Hospital
Flemington Road, Parkville, 3052

T (03) 9345 5085

F (03) 9345 5086

W www.rch.org.au/safetycentre

E safety.centre@rch.org.au

The Petcare Information and Advisory Service

404/685 Burke Rd.

Camberwell, 3124

T (03) 9827 5344

T Toll free 1800 631 784

F (03) 9827 5090

W petnet.com.au

E petcare@petnet.com.au

Safety at home



Poisoning prevention

We store and use many chemicals and medicines in our homes that are potentially harmful to children. Poisoning is the second largest cause of hospitalisation due to accidents, after falls. Most accidental poisonings resulting in hospitalisation occur in the home. The Poisons Information Centres around Australia deal with hundreds of calls each day.

Victorian Poisons Information Centre

The Victorian Poisons Information Centre (VPIC) is located at the Austin Hospital in Melbourne. VPIC provides members of the Victorian public with emergency telephone advice about:

- First aid in the event of poisoning, suspected poisoning, bites and stings
- The need for medical assessment
- Prevention of poisoning
- Referral to other information sources.

VPIC provides health professionals with information about:

- The ingredients in products involved in poisoning or exposure

- Assessment of the severity of poisoning or exposure
- Potential toxic effects from a poisoning or exposure
- Treatment and management advice.

VPIC aims to prevent unnecessary visits to general practitioners and hospitals and to ensure that patients who are poisoned receive the most effective treatment promptly.

What is a poison?

Any medicine or household product used incorrectly can be a poison.

Poisons may include:

- Drugs and medicines, e.g. paracetamol, cough and cold preparations, prescription medicines such as heart pills, sleeping tablets, and many more.
- Cleaning products, e.g. automatic dishwasher detergents, bleaches, drain cleaners.
- Cosmetics, e.g. perfume, cologne, aftershave, nail polish remover.
- Other chemicals, e.g. petrol, alcohol, herbicides, pesticides, cigarettes, glues and adhesives, mothballs, rat/mouse bait.
- Poisonous plants, e.g. oleander, datura, deadly nightshade.

Poisoning can occur when a substance is swallowed, inhaled, spilt on the skin, splashed into the eye or injected.

If you or someone else may have been poisoned, do not try to induce vomiting. Do not wait for symptoms to occur. Take the child and container with you to the phone and call the Poisons Information Centre to find out what to do and to obtain correct first aid advice. It will help if you can report what the substance was and how much the child has swallowed.

If someone is poisoned contact the Victorian Poisons Information Centre:

T 13 11 26 (24 hours-a-day)

Key messages for parents

Prevention of poisoning

Many poisonings occur when products or medicines are not in their usual storage locations, e.g. when they are left on a benchtop or bedside table, during transport from the shop to home.

- Medicines and poisons should never be left within children's reach or unattended. They should be put away immediately after buying or using them.
- Household products and medicines should be stored in a locked or child-resistant cupboard, out of reach and out of sight of children (at least 1.5m high). Locks and lockable cabinets can be bought from hardware stores or the Home Safety Shop at The Royal Children's Hospital.
- Garden sprays, fertilisers, paints, thinners, handyman products etc. should be kept in a locked garage cupboard or shed and out of the reach of children.
- All products should be kept in their original containers with clear labels, never in cups or soft drink bottles.
- Whenever possible, purchase household products and medicines that are in child resistant packaging.
- Food should be kept separate from poisons.
- Labels should be read carefully before use. Always follow the direction for use when painting, spraying or cleaning the oven. Use appropriate protection and ensure there is adequate ventilation.



- Medicines should be referred to by their proper names. Do not confuse children by referring to medicines as lollies.
- Young children tend to imitate adults, so adults should avoid taking medicines in children's presence.
- Medicine cupboards should be cleaned out regularly. Unwanted and out-of-date medicines should be taken to your local pharmacy for disposal.
- Visitors' bags may contain medicines. They should be kept well out of reach of children.
- Errors can occur when medicines are being administered, e.g. incorrect calculation of the dose, doubling-up on doses. Taking more than the recommended dose may be harmful, so take care when giving or taking medicines.
- Do not take other people's medicines.
- Parents and carers should be aware that the incidence of poisoning increases when usual household routines are disrupted, e.g. moving house, being on holiday, and visitors.

For further information contact

The Victorian Poisons Information Centre

W www.austin.org.au/poisons

T 13 11 26 for advice, brochures, stickers and posters.

Safety Victoria

W www.safety.vic.gov.au

The Australian Drug Foundation

T 1300 858 584

W www.druginfo.adf.org.au

Our thanks to the Victorian Poisons Information Centre for contributing this section.

Bunk beds

The major cause of hospital admission due to injury in young children is falls.

Most of these injuries occur at home, at school and at sport and recreation venues.

Falls are commonly from playground equipment and during sport. But every year in Australia more than 2,000 children are injured from using bunk beds.

Young children falling from the bunk and

head entrapment causing strangulation or limb entrapment, cause the most common and serious injuries.

Bunk beds are not suitable for children under the age of six. Do not let children use bunk beds as a play area. Many injuries occur when children fall from the top bunk while playing. Before you buy:

- Check that there is no gaps sized 95mm to 230mm in any part of the bed, including guardrails, to prevent children trapping their heads.
- Look for guardrails or bed-ends on all sides of the upper bed, ensuring that the tops of the guardrails are at least 160mm (about the length of a ball point pen) above the top of the mattress, to prevent children rolling out.
- Check that there are no protrusions of more than 8mm.
- Check that all tube ends are plugged.
- Check that all nuts and bolts are flush and smooth.
- Check that ladders are firmly fixed and stable.

For further information contact Product Safety Policy Section

Australian Competition & Consumer
Commission

PO Box 1199, Dickson ACT 2602

T (02) 6243 1262

*Our thanks to the Product Safety Policy Section,
Australian Competition & Consumer Commission for
contributing this section.*

Electrical hazards in the home

Electricity is all too easily taken for granted. Each week 30 Australians are accidentally injured or killed by electricity.

Carelessness, a frayed lead, old appliances, poor maintenance or hazardous conditions can lead to the possibility of 'earth leakage', the most common cause of electrocution. Incredibly, more than 80% of electrical deaths could have been prevented had a safety switch or Clipsal Residual Current Device (RCD) been fitted.

Everyone should be aware of potential electrical hazards. Here are some things you

should and shouldn't do to protect your family in and around the home.

Continually monitor all your electrical appliances and power tools. Inspect the plugs and cords and look for signs of frayed leads and exposed wires. If tools are faulty, stop using them. Have them professionally repaired or replace them.

Be on the lookout for faulty switches, sockets and light fittings. If a switch or socket is arcing every time you flick the switch, switch it off. If a light fitting has worked itself loose from the connection, do not attempt a repair. In these instances, call an electrician and have it repaired or replaced without fail. Never attempt any electrical repairs, modifications or extensions. Do not authorise anyone to attempt such work unless they are licensed to do so otherwise you will put lives, equipment and insurance claims at risk.

Key messages for parents

- Prevent dust build up in the elements of electrical appliances particularly with portable heaters and hair dryers. A build up of dust is all it takes to cause an arc to earth and create a potential hazard.
- Avoid leaving electrical appliances near water or allowing them to get wet. Don't hose down garage walls where power points are in close proximity.
- Avoid coiling extension cords when using them as these can heat up and melt.
- Avoid leaving extension cords in situations where people can trip over them.
- Prevent children from using any electrical appliance without adult supervision.
- Insert safety plugs in all power points not in use.
- Do not piggyback adaptors onto power points, purchase a power board instead.
- When you plug in an appliance, make sure it is fully inserted as the exposed pins on the plug are very much live and life-threatening.

If your safety switch or circuit breaker keeps tripping, you could be overusing the number of electrical appliances on the one circuit. Disconnect some appliances to eliminate the problem. If the safety switch or circuit breaker

continues to trip, then you may have an earth leakage due to a poor connection or faulty appliance. Contact your electrician immediately. He will have all the correct testing equipment to identify the problem professionally.

If you live in a period home, your mains wiring may utilise cotton covered rubber cable. Be careful! Weak points may occur where the cable is bent. If moisture finds its way through a section of split conduit to that point, then the moisture will short out to the metal conduit causing arcing and a possible fire. Contact an electrician and seriously consider rewiring the home complete with new electrical accessories and switchboard.

The most important thing you can do is to check that you have a safety switch correctly fitted. If you don't have one, get one. Do not put off the decision. Push the test button from time to time to make sure it is working correctly. Contact your electrician if you suspect that it is not operating correctly.

Our thanks to Clipsal Australia Pty Ltd for contributing this section.

Scalds prevention

In August 1998 the Victorian Government passed legislation aimed at eliminating the risk of legionella bacteria forming in storage hot water services and preventing scalding at hot water outlets used for bathing. This means that hot water for domestic use must be stored at a minimum temperature of 60°C to kill legionella bacteria and reduced to 50°C maximum at hot water outlets to prevent scalding.

Are water burns really a problem?

Each year, hot tap water causes serious scalds to many small children and elderly people around Australia.

More than 90% of these scalds occur in the bathroom where the temperature of water from the hot tap is set too high and a person cannot react quickly enough to avoid a serious scald injury.

At 60°C it takes only one second to cause a full thickness scald. At 50°C it takes five minutes. It may not seem a big difference in

temperature, but it can mean the difference between scarring for life, agonising pain, hospitalisation and skin grafts on the one hand, or a relatively minor injury on the other.

This is why plumbing regulations require a maximum temperature of 50°C at the hot taps used for bathing purposes. This is hot enough for a bath or shower, but not hot enough to cause severe scalding.

How hot is too hot?

Before the latest temperature regulations, the hot water temperature in most Victorian homes was generally set between 65°C and 75°C. In some homes, the hot water temperature was even higher.

The table below shows you how long it takes for skin to receive a major scald burn from water at a range of different temperatures.

Water temperature	Major burn in
49°C	5 minutes
52°C	1.5 – 2 minutes
54°C	30 seconds
57°C	10 seconds
60°C	less than 5 seconds
63°C	less than 3 seconds
66°C	1.5 seconds
68°C	1 second

How can I prevent scalds?

The best way of preventing scalds in the bathroom is to reduce the temperature of the hot tap water at the basin, bath and shower to 50°C. By law, all new hot water systems now have this setting. (The only exceptions to this are premises intended for children and the elderly – such as early childhood centres, schools, nursing homes, and so on. These now have a temperature limit of 45°C.)

The above settings are not bathing temperature. Cold water still needs to be mixed with hot water. The maximum bathing temperature recommended for young children is 37–38°C.

If you have had a hot water system installed before 5 August 1998, there are various ways of reducing the temperature of the hot tap water in the bathroom, depending on the type of system.

For the best advice, talk to a licensed plumber, who may recommend:

- Installing a tempering valve, which reduces the hot water temperature in the bathroom, but does not affect the temperature in the kitchen.
- Installing a thermostatic mixing valve, which can be set to deliver hot water at a precise, safe temperature.

What else can I do to reduce the risk of burns in the bathroom?

- Always run cold water first.
- Never leave a small child in the care of an older child, who may be able to turn on the hot water tap.
- Take the child with you, if you have to answer the door or the telephone.
- Never leave your child alone in the bathroom.
- Keep the bathroom door closed if not in use.

What features do I look for when I'm buying a new hot water system?

If you are buying a gas continuous flow hot water system, there are two types available.

One is factory set to a maximum of 50°C, which can be installed to supply bathroom fixtures without the need to install a tempering valve. These models have a sticker attached, which specifies the temperature limitation, and they are generally not suitable for kitchen and laundry taps, as consumers generally prefer hotter temperatures at these points.

The other type is generally available with a higher default temperature setting of 55°C or 60°C, which may be increased if required. When installing these units the plumber must also install a tempering device to ensure the bathroom fixtures are tempered to 50°C. Both models may have remote temperature control touch pads available as an option.

If you are buying a storage hot water service, many energy source options are available including gas, electric and solar. They all store hot water and need to be set to at least 60°C to prevent legionella growth and be tempered to 50°C at bathroom taps to prevent scalding.

What else should I watch out for?

Other than tap water, the most common causes of scalds are hot drinks and hot liquids from kettles, pots and saucepans.

You can prevent your child from being scalded by taking special care to supervise them in the kitchen.

In particular:

- Always keep hot drinks, kettles and jugs away from the edge of the bench.
- Use a curly cord or buy a cordless jug.
- Use non-slip placemats instead of tablecloths.
- Always keep hot drinks away from children.
- Always turn pot handles away from the front of the stove or bench.
- Use rear hot plates first.
- Fit a safety guard around your stove or hot plates.

If you or your child is scalded you should:

- 1 Remove clothing quickly. This helps the heat escape from the skin. Leave clothes on, however, if stuck to the skin.
- 2 Immediately pour lots of cold water gently over the scald for 15 – 20 minutes. This will stop further burning. It also helps to relieve the pain. Never use ice, oil, butter or ointment, as these can further damage the skin.
- 3 Cover the scald with a clean cloth, and keep the person warm.
- 4 See a doctor if the scald is on the face, hands, feet, genitals or buttocks, or is blistered or is larger than a 20 cent coin.

In an emergency:

T 000 for an ambulance.

For further information contact

The Plumbing Industry Commission

450 Burke Road, Camberwell VIC 3124

T (03) 9889 2211

T Toll free 1800 015 129

E mail@pic.vic.gov.au

Our thanks to the Plumbing Industry Commission for contributing this section.

We gratefully acknowledge the advice and guidance of Kidsafe, and its 'Hot Water Burns Like Fire' campaign.

Preparing for emergencies

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Emergencies can and do happen. In an emergency, we often think less clearly and can waste valuable time.

Make sure that you have a list of emergency numbers near your telephone. They can be keyed into a phone memory-bank, or displayed as a list close to the phone.

These numbers should include the following: doctor, ambulance, fire brigade, police and the Poisons Information Centre.

It's also a good idea to learn first aid. The Royal Children's Hospital Safety Shop, among others, run courses which include information on resuscitation. Resuscitation can save a child's life.

First aid is a practical skill best taught by an accredited instructor. This information is in no way a substitute for doing a first aid course.

First aid-trained operators should ideally perform CPR, but any resuscitation is better than none.

DR ABCD: helping you help others

In an emergency, telephone 000.

DR ABCD is the name of a plan which helps you to remember what to do in case of an emergency. Each letter stands for something you must do, and the order in which you must do it. All first aid begins with DR ABCD. Here is a brief reminder of what to do:

D Danger

Check for **danger** to you, others and the injured person. You can't help someone else if you become hurt yourself. Only move the injured person from danger if it is absolutely necessary.

R Response

Check for **response**: is the injured person conscious? The injured person should be assessed by shouting and gentle stimulation. Is there a response? Infants and children should not be shaken.



A Airway

if the injured person is unconscious, **clear** and **open** the airway.

Clearing the airway:

If blood or vomit is present in the mouth, or the child has been involved in a water incident, turn them on their side and clear any material from the mouth.

Opening the airway:

Tilt the head back (depending on the child's size and age), support the jaw and open the mouth.

- Adult/large child – maximum head tilt.
- Small/child – slight head tilt.
- Infant – no head tilt (support the head in a horizontal position).

B Breathing

If the unconscious child has been placed on their side to clear the airway, check for breathing in this position.

If the airway is not obstructed, the casualty may be left on their back for this assessment.

To check if the child is breathing **look** for the movement of the lower chest and **listen**



and **feel** for the escape of air from the nose and mouth. If the child is breathing and has not already been placed on their side, position them on their side in a stable position and ring 000.

If the child is not breathing or not breathing normally, place them on their back and open the airway as above. Block the nose and place your widely opened mouth over the child's mouth, or mouth and nose, depending on their size and give 2 initial **rescue breaths/puffs** in 2 seconds, blowing only until the chest rises and then allow the air to passively escape.

C Compressions

If the child has no signs of life (i.e. unconscious, unresponsive, not moving and not breathing normally) commence **external chest compressions**.

A universal compression ratio of 30:2 (30 compressions followed by 2 ventilations) is recommended for all ages regardless of the number of rescuers present aiming for 100 compressions per minute.

Victims requiring chest compressions should be placed supine on a firm surface (i.e. floor for adult/child and table for infants).

Visualise the lower half of the sternum, which equates to the centre of the chest and place your hands or fingers in this position, according to the age and size of the child. Press straight down on the sternum to a third of the depth of the chest.

Give 30 compressions followed by 2 rescue breaths and continue until there are signs of life, the scene becomes unsafe, qualified help arrives, you are unable to continue or an authorized person pronounces life extinct.

D Defibrillation

There are now a number of sites in our community that provide PAD (Public Access Defibrillation), such as Melbourne Airport. This enables first aiders to apply an electronic device called an Automatic External Defibrillator (AED) to the chest of the cardiac arrest casualty, which if the machine directs the first aider they are then able to provide a controlled electric shock to the casualty's heart.

Calling for medical help as soon as possible will give the injured person the best chance of survival. If there are other people around, send them to ring 000 immediately.

Basic first aid

Bleeding

Certain diseases can be transmitted through blood, so take precautions to prevent infections. Try to wash your hands with soap before and after; wear gloves if possible when managing bleeding, and cover cuts or scratches on your hands before touching an injured person.

Severe bleeding

Act quickly. Heavy blood loss can kill the injured person.

- **Priority 1:** Press hard on the wound, using fingers or a clean cloth pad such as a towel. Get the injured person to do this for you if possible. If blood soaks through put another pad on top and keep pressing. When bleeding stops, leave the pad or wad of cloth in place and bandage to hold it firmly. Raise the injured part unless fractured.
- **Priority 2:** Call for medical aid. Stay with the injured person. Watch for signs of shock. If the injured person loses consciousness, follow DR ABCD steps.

Minor bleeding

- **Priority 1:** Wash the wound thoroughly using a clean cloth soaked in clean water. Do not put antiseptic into an open wound – it may damage the tissues.
- **Priority 2:** Cover with a clean dressing (preferably sterile and non-stick). Hold in place with a bandage. If the wound is a puncture or is dirty (e.g. animal bite) the injured person should see a doctor.

Impaled objects

DO NOT pull out an impaled object. Control the bleeding by pressing around it instead of directly on the wound. Put a pad around it

before bandaging to prevent pressure on the impaled object. Seek medical aid.

Cuts and bruises

Follow these steps:

- R Rest** the injured part in the most comfortable position.
- I Ice** covered in cloth, applied to the injury for 20 minutes.
- C Compression** bandage, firm but not tight.
- E Elevate** the injured part unless you suspect a fracture.

Nose bleeds

Sit with the head forward. Pinch the soft part of the nose firmly for 10 minutes. Apply a cold pack to the neck and forehead. If bleeding persists, seek medical aid.

Scrapes and grazes

Wash thoroughly with running water to remove dirt. Cover with non-stick dressing, bandage or tape the dressing in place. Seek medical aid if anything is embedded in the wound.

Splinters

Clean the area with a clean cloth soaked in clean water. If the splinter is buried, seek medical aid. If the end is accessible, use a probe to tease it out, grasp with forceps and remove. Apply sterile adhesive dressing.

Burns and scalds

Priority 1

- Smother burning clothing: **stop, drop and roll** then smother with water or a blanket.
- If a hot liquid caused the burn, remove clothing carefully but quickly.
- If a chemical burn, do not walk in the chemical or get it on your hands. **Do not** pull off clothing stuck to the skin.

Priority 2: Cool the burned skin. Use gently running cool water from a tap or hose (10 minutes for heat burns, 20 for chemical burns).

Priority 3: Cover the burned area. Use a sterile non-stick dressing or clean wet cloth.

Do not use lotions, butter or oils; **do not** prick blisters. If the burn is larger than a 20 cent piece and/or there are blisters, seek medical aid.

Choking

Adults or large child

Partial obstruction

If the injured person is conscious and breathing, help them relax and breathe deeply and ask them to cough to remove the object. If a partial obstruction lasts longer than a few minutes, call an ambulance.

Total obstruction

If they are unable to breathe, cough or speak, clutching their throat, anxious and their conscious state deteriorates rapidly, call an ambulance and follow these steps:

Conscious

Encourage the casualty to bend forward with their head lower than their chest, you may be able to position a child over your lap and perform up to 5 sharp back blows between the shoulder blades with the heel of one hand. Check to see if each back blow has relieved the airway obstruction.

If back blows are unsuccessful the rescuer should perform up to 5 chest thrusts. Check to see if each thrust is successful in removing the obstruction.

To perform the chest thrusts, identify the same compression point as for chest compressions, with one hand on the sternum and the other between the shoulder blades. The chest thrusts are similar to chest compressions, however are sharper and delivered at a slower rate.

This can be performed in the sitting, lying over your lap or standing position. If the obstruction is still not relieved continue to alternate between 5 back blows and 5 chest thrusts whilst waiting for the ambulance to arrive.

Unconscious

Commence CPR.

Infant or small child

Partial obstruction

Place the child face down in a steep head down position over your lap (gently) and encourage them to cough. If they are unable to clear their own airway, call an ambulance.

Total obstruction

Manage as per adult/large child.

Dislodged tooth

Clean it with the person's own saliva or milk – not water. If it is a second tooth replace it promptly. Splint the tooth using cooking foil and ask the casualty to bite firmly on the splint. If the tooth cannot be replaced, store it in a small amount of milk and immediately refer the casualty to a dentist or hospital emergency department.

Safety in the water

- Follow the DR ABCD steps.
- Start mouth-to-mouth as soon as possible, even while in the water if you can. Get urgent medical help while continuing mouth-to-mouth. If someone else can assist, keep up mouth-to-mouth, and get them to call an ambulance. Don't stop resuscitation.
- If the injured person starts breathing, lay them on their side. Keep them warm and check pulse and breathing until medical help arrives. Don't give up! People have been revived after being under water for half an hour. Every second counts in restoring oxygen to the brain, so keep going.

Poisoning

- **Priority 1:** Follow DR ABCD action plan. If the area is dangerous or suspect, do not enter the area until the fire brigade has arrived. If the poison is from gas or inhaled chemicals and it is safe to enter, open windows and doors or turn off the gas.
- **Do not** attempt rescue without assistance or protection. If there is any poison around

the injured person's mouth, clean off or cover before starting mouth-to-mouth.

- **Priority 2:** Identify the poison e.g. look for a container, check the label, and try to work out how much was taken. Do not induce vomiting.
- **Priority 3:** Ring the Poisons Information Centre on 131 126 (national number)
- **Priority 4:** Seek medical aid urgently.

Educational resources for children and adolescents

Ambulance Victoria school programs

Ambulance Victoria provides presentations and displays on basic CPR.

W www.ambulance.vic.gov.au

T (03) 9090 5935

First Aid for students

The Royal Life Saving Society has specifically designed courses for students in Years 4–8. This allows participants to gain practical experience in resuscitation and basic first aid techniques including bandaging, slings, bites and bleeding.

W www.rlssa.org.au/vic

T (03) 9676 6900

EAR for students

In this course the Royal Life Saving Society provides the opportunity for students to gain valuable emergency life support skills.

W www.rlssa.org.au/vic

T (03) 9676 6900

First Aid for Parents and Carers

We strongly recommend all parents and carers undertake a first aid course and regularly update their resuscitation skills.

Emergcare are the providers of first aid courses to The Royal Children's Hospital Safety Centre.

E clancyj@bigpond.net.au

T (03) 9304 1622

For further information

The resuscitation and first aid procedures in this section are based on Australian Resuscitation Council Guidelines

W www.resus.org.au

Our thanks to Emergcare, providers of first aid courses to The Royal Children's Hospital Safety Centre, for contributing this section

Safe retrieval and disposal of needles and syringes

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Safe disposal

The risk of contracting HIV (the virus that causes AIDS) or other blood-borne viruses by injuring yourself with a needle and syringe is very low.

If you find a discarded needle or syringe

The following steps will help you to safely retrieve and dispose of inappropriately discarded needles and syringes.

- Assess if the needle and syringe is in a place where it can be easily removed.
- If you do not want to dispose of the needle and syringe yourself or if it is in an awkward place to reach, contact the Disposal Help-line for more information or to arrange for it to be removed.
- You can call the 24-hour Disposal Help Line on 1800 552 355 seven days a week.

If you decide to remove the needle and syringe yourself make sure you:

- Wear latex or plastic gloves for protection. Thick gloves, like gardening gloves, make it difficult to pick up the needle and syringe.
- Take an approved disposal container and lid to the site. These containers are available from all Needle and Syringe Programs and most local councils. If you do not have one, use a hard plastic container such as an empty detergent bottle. Do not use glass bottles as these can break.
- If the needle and syringe is difficult to reach, carefully remove rubbish or other material around it so that you have direct access to it.
- If there is more than one needle and syringe, separate them by using a stick, or broom-end. Do this carefully. Each needle and

syringe can then be picked up individually.

- Pick up the needle and syringe by the barrel (plastic end). Make sure the needle is pointing away from you.
- Never recap a needle and syringe, even if the cap is also discarded.
- Place the needle and syringe, needle end first, into the container, which should be on a stable surface and not held by hand.
- Secure the lid on the container.
- Take off the gloves and put them in a plastic bag. Tie a knot at the end of the bag and place it in a rubbish bin.
- Wash your hands with soapy water.
- To dispose of the container take it to your local Needle and Syringe Program, local council office or contact the Disposal Help-Line (1800 552 355) for further advice. Do not dispose of needles and syringes in rubbish, recycle or sanitary bins, drains or toilets.

If you get a needle stick injury

If you get pricked by a discarded needle and syringe (often referred to as 'needle stick injury') the following steps should be taken:

- Flush the injured area with flowing water.
- Wash well with soap and warm water.
- Dry and apply a waterproof dressing.
- Seek medical attention for an assessment of the risk of infection and appropriate treatment.
- If the needle and syringe can not be retrieved, mark the area so others are not at risk and contact the Disposal Help-line.

For further information and support The Disposal Help-line

T 1800 552 355

This section taken from Department of Human Services leaflet 'Safe Retrieval & Disposal of Syringes & Needles'.

Severe allergies in children

14

Anaphylaxis in Schools

What is anaphylaxis?

Anaphylaxis is a severe, life-threatening allergic reaction, and up to 2% of the general population are at risk.

The most common causes in children are eggs, peanuts, tree nuts, cows milk, bee or other insect stings, and some drugs.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline injection (EpiPen®).

Any school that has a student or students at risk of anaphylaxis must by law have the following in place:

- An Anaphylaxis Management Plan for each student, developed in consultation with the student's parents/carers and medical practitioner.
- Prevention strategies for in-school and out-of-school settings.
- A communication plan to raise staff, student and school community awareness about severe allergies and the school's policies.
- Regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen®.

Signs and symptoms of anaphylaxis

All reactions need to be taken seriously, but not all reactions will require adrenaline. A reaction will include one or more of these symptoms, and it is possible that a number of them will occur simultaneously.

The following are common signs and symptoms of an allergic reaction:

- Hives or welts
- A tingling feeling in or around the mouth
- Abdominal pain, vomiting or diarrhoea
- Facial swelling
- Cough or wheeze
- Difficulty swallowing or breathing
- Loss of consciousness or collapse
- Breathing stops.

It is also important to remember that young children may not be able to express what the problem is, or may describe it in other words.

Prevention of any allergic reaction

- Know and avoid the causes
- Do not allow food sharing or swapping
- Only give foods approved by parents
- Give only food rewards or 'treats' provided by the parents
- Encourage parents to provide safe treats from home
- Practise routine hygiene. Children and staff should always wash their hands after play and before eating.

Treatment of a life threatening reaction

The recommended treatment for a life threatening allergic reaction is adrenaline, given as an EpiPen® injection. An EpiPen® is a single dose auto-injector, which is prescribed by a doctor and provided by the parents.

Management of anaphylaxis:

- Each child who has been prescribed an EpiPen® requires a medical management plan, completed by a doctor. A parent must provide written consent to use the EpiPen® in line with this management plan.
- Employers should support staff training, so

that all staff can recognise an allergic reaction and be able to administer an EpiPen® appropriately.

- If a reaction is suspected, the management plan should be followed.
- If an EpiPen® is given, an ambulance must be requested by phoning 000.

Care of the EpiPen®:

- Clearly label storage container with child's name.
- Check expiry date regularly.
- Store at room temperature.
- Store in a safe, easily accessible location close to the child.

Staff may also find it useful to store the phone numbers for parents or guardians, medical services and other relevant contact people in the storage container.

General issues

Banning of products

Banning of products that contain the allergen is **not** recommended, for many reasons.

Banning products will not succeed in creating an 'allergy free zone'. It is difficult to achieve a 100% ban, for a variety of reasons. For example, product labels can be confusing, parents of non-allergic children may not comply with the ban and staff can become complacent.

Food sharing

Food sharing between children at risk of anaphylaxis should be completely avoided. These children must only have food provided from home or given with the parent's permission.

Food preparation

Any staff, including relief staff, who are responsible for cooking or delivering food to

children should know about the child's allergies. They should be aware of alternative words used to describe the particular allergy food. For example, cow's milk may be called casein, and egg may be called ovalbumin.

Art/craft

Food containers or packages that contained the allergy food should not be used. Parents of children with anaphylaxis can help by checking art/craft products for hidden ingredients, as they are often more aware of terms used.

Separate tables should be used for art/craft and food. Where this is not possible, tables must be cleaned thoroughly between uses.

Excursions

The EpiPen® must be taken on all excursions and a staff member trained to use the EpiPen® should also be present. The EpiPen® should always be readily accessible.

For further information:

The Royal Children's Hospital, Department of Allergy conducts education sessions for carers, parents and teachers. Details of these community education sessions are available on the website or by phone.

W www.rch.org.au/allergy

T (03) 9345 5701.

For information on Victorian Guidelines for managing anaphylaxis in government schools:

W www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Anaphylaxis_guidelines-v1.01b.pdf

The Department of Education and Early Childhood

W www.education.vic.gov.au/healthwellbeing/health/anaphylaxisschools.htm

Our thanks to The Royal Children's Hospital Department of Allergy for contributing this section.

Children with Asthma

Asthma is very common among children. Approximately 11% of Australian children are currently diagnosed with asthma. A written Asthma Action Plan is an important tool to help manage asthma, for children, parents, school staff and anyone caring for your child.

Key messages for parents

As part of good asthma management, parents should make sure that their child has a written Asthma Action Plan.

An Asthma Action Plan is a written set of instructions prepared in partnership with your doctor and will help to:

- Care for day-to-day asthma.
- Recognise worsening asthma and the steps to manage it.
- Carry out first aid in an emergency.

Key messages for school staff

The information in an Asthma Action Plan is essential for school staff so they can better manage your child while in their care.

Your child should be reviewed regularly by the family doctor (and again if there are changes in their asthma) and the Asthma Action Plan updated accordingly.

School Asthma Action Plans can be obtained from The Asthma Foundation of Victoria

T 1800 645 130

or downloaded from The Asthma Foundation of Victoria

W www.asthma.org.au.

The Asthma Foundation of Victoria also provides schools with information, education and resources that support the school community to become Asthma Friendly®.

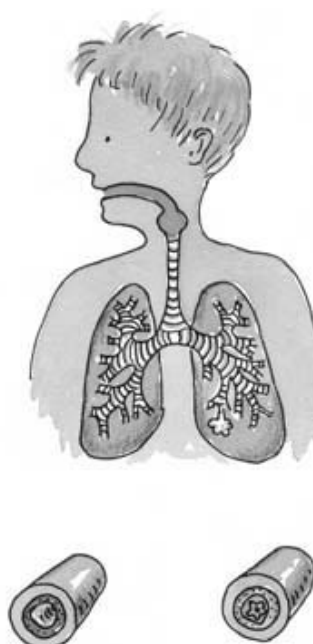
The Asthma Friendly® Schools Program aims to improve the wellbeing of young Australians with asthma and enable them to participate fully in daily activities, including regular exercise and sport.

Research has shown that school staff involved in the Asthma Friendly® Schools Program are more confident when dealing with children's asthma.

Your child's school can access guidelines to assist with developing a health support plan via the *Victorian Government School Reference Guide*

W www.eduweb.vic.gov.au/edulibrary/public/schadmin/environment/4-5.pdf

The health support plan should be made available to relevant staff (including casual replacement teachers and other staff who have occasional care of your child). The health support plan should be reviewed annually or whenever there is any significant change to your child's condition or treatment.



Key messages for children

Children should also be encouraged to take an active part in their own asthma care as soon as they are old enough to take their own medication.

An asthma attack can occur anywhere, at any time and educating children can assist in providing skills that could save a life.

Exercise is a very common trigger for asthma. However, as exercise is vital for health and development, it is one that children should not avoid.

Children with asthma should be encouraged to be active. Don't let asthma stop your child from being active. Take the time to learn how to manage asthma in order to have a healthy, active lifestyle. See your doctor for advice.

First aid for asthma

If someone is having an asthma attack and they do not have their own Asthma Action Plan (or their plan is not readily available) you should follow the 4-Step Asthma First Aid Plan as outlined opposite:

4-Step Asthma First Aid Plan

Step 1: Sit the person upright and give reassurance. Do not leave the person alone.

Step 2: Without delay give four separate puffs of a blue reliever medication (Airomir, Asmol, Epaq or Ventolin). The medication is best given one puff at a time via a spacer. Ask the person to take four breaths from the spacer after each puff of medication. If a spacer is not available, just use the puffer on its own.

Step 3: Wait 4 minutes. If there is little or no improvement, repeat steps 2 and 3.

Step 4: If there is still little or no improvement call an ambulance (Dial 000).

(Call an ambulance at any time during this 4-Step Asthma First Aid Plan if the person's condition suddenly deteriorates or you are concerned about their condition).

Continuously repeat steps 2 and 3 while waiting for the ambulance.

For further information contact: The Asthma Foundation of Victoria

T (03) 9326 7088

F 1800 645 130

E advice@asthma.org.au

W www.asthma.org.au

Our thanks to the Asthma Foundation of Victoria for contributing this section.



The Safety House Program

The Safety House Program was first introduced at Wooranna Park Primary School, Dandenong North in 1979. Prior to its introduction, there had been unofficial reports of some 12 approaches to children in the area in a three-month period.

The Safety House Association of Victoria Inc. was soon formed, and now there are approximately 140 local committees covering more than 180 schools, with approximately 7,000 registered Safety Houses in Victoria.

What is the Safety House Program?

The Safety House Program is a positive step that any community can take to help make the streets safer for our children and our senior citizens. It is something the whole community can be involved in. Basically, the program involves establishing a network of Safety Houses in a local area. These are houses that children and senior citizens can use if they meet with trouble whilst they are out and about in their community.

The broad aims of the program are:

- To provide community assistance to children and senior citizens when they feel unsafe when travelling about in their community.
- Through a network of Safety Houses, to provide a reliable means for children and senior citizens to get help as quickly as possible, by going to a safe place and a helpful person as quickly as possible.
- To deter undesirable people from entering local areas through the prominent and permanent display of Safety House signs.
- To alert the wider community to the dangers faced by children and senior citizens when commuting about in their community.

- To encourage children to gain the health benefits that walking and exercising in their local community can offer.

What's involved?

People who would like their house or business designated as a Safety House can apply to their local Safety House Committee. As part of our security, each person in the house or business, aged 17 years or over, is screened and interviewed by the local committee and then undergoes a national police check. All information obtained is strictly confidential.

When prospective Safety Householders are interviewed, several factors are considered:

- Does the house have a telephone?
- Is someone normally at home during the times children are normally moving about in their community?
- Is there a dog on the premises?
- Are there any other factors that may deter a child or a senior citizen from approaching or entering the premises?

How do children know about Safety Houses?

One of the major aspects of the Safety House Program is the education of children and adults.

Children are educated to recognise the Safety House sign and to trust their feelings and instincts about people and situations. Teaching children to be aware of their feelings helps them to identify potentially unsafe people and situations. Children are then taught what to do at times when they do not feel safe. This is a vital part of helping children to look after their own safety.

Safe ways to travel to and from school and



when they visit friends after school and on weekends are also dealt with in the classroom. It is emphasised that Safety Houses can be used at anytime but are only for times of genuine need and that the Safety House householder will call the police so that the police can advise them as to what action they will need to take.

Parents and interested adults are also informed about the program. Their interest, enthusiasm and involvement are vital to success.

Our thanks to the Victoria Police, Community Consultation and Crime Prevention Office for contributing this section.

Information for children

Feeling unsure? Knock on a Safety House door.

What is a Safety House?

A Safety House is a place where you can go for help if you feel unsafe, frightened or unsure. The people in a Safety House have had special police and community checks so you know that they are safe people who can be trusted to help you. Children can go to a Safety House any time of the day or night to get help.

A Safety house can be:

- A house
- A shop
- A business premise
- A shopping centre
- A hospital or police station

When might I need to use a Safety House?

Anytime you are away from home, either alone or with a friend. Maybe you are going to the shops, school, your friend's house, or playing at a park (or skate park). You can go to a Safety House whenever you need help. If you were:

- Frightened by someone
- Feeling unsafe
- Hurt
- Lost
- Being bullied
- Feeling scared
- Frightened by animals
- Approached by a stranger who makes you feel unsafe
- Being watched or followed
- In need of help for any other reason.

When you are out walking, riding or playing, Safety Houses are there to help keep you safe.

How do I find a Safety House?

Look for the yellow Safety House sign, the triangle with a 'smiley' face. The sign could be:

- On a letterbox
- Near the front of a house
- On the front fence
- On the front gatepost
- In the front window of a shop.

How do I use a Safety House?

At a house: Go to the front door and knock loudly or ring the doorbell.

At a shop: Go to the front counter or look for one of the people working at the Safety House.

Tell the person what your problem is and why you feel unsafe. The Safety House person will get help for you.

What happens if I use a Safety House?

If you use a Safety House the person will ask you for your name and address and what happened and then they will ring the police. The police will decide if they need to attend and they will advise the Safety House person what to do.

Safety at public events

What happens if you are in a crowd and get separated from your family or friends? What should you do if you are lost in a shopping centre, or other crowded area?

Be prepared – plan ahead:

- Make sure you know your address and phone number and a parent's mobile number if they have one.
- Decide on a meeting spot beforehand so everyone will know where to go if they are separated. In large shopping centres this might be the information counter. At an AFL football stadium it may be a numbered stand entrance.
- Seek help from someone reliable like a shop employee, police or security officer, or failing that, an adult in a family group.

Have some family safety rules:

- If children become separated from parents, they should not search but go straight to the designated meeting place.
- Explain to children to seek help from someone like a shop employee, security officer or an adult in a family group.
- If someone offers them a lift, children should say no and go straight to a shop or Safety House location.
- If someone grabs them, children should struggle and scream out something like 'I don't know this person', 'this is not my mum/dad', making as much noise as they can.

Feeling unsure?

Not all strangers are bad but we need to be wary of people we do not know. If a situation does not feel right, ask yourself these three questions:

- 1 Do I feel safe with this person?
- 2 Do my parents know where I am?
- 3 Can I get help if I need it?

If you answer **no** to any one of these questions,

do not go. Remember – One no, don't go.

You have the right to be safe. **Always.**

Remember – Safety House is for every child.

Safety on public transport

As children get older they also become more independent and often secondary school involves travelling by public transport. So if travelling on a bus, a train or a tram, be careful. Stop! Look! Listen! Whenever you are near trains, trams, buses or rail lines, Think!

At the bus, train or tram stop

- Stay well back from the roadside or well away from the edge of a train platform.
- While waiting, children should be in a group.
- At night, wait in a well-lit area.
- Always wait until the vehicle stops completely before going near the door.
- Never try to open the door when a train or tram is still moving.
- Wait for other passengers to get off first.
- Don't push or shove others when getting on the vehicle.

Riding on the bus, train or tram

- Be courteous to drivers, they have the important job of getting everyone to their destinations safely.
- Check bags are not blocking the aisle.
- If you are travelling by yourself, sit near the front of the vehicle, or near regular passengers or people you recognise.
- If someone sits or stands close to you so that you feel uncomfortable, be polite but move seats.

Leaving the train or tram

- Look out for your stop and be ready to leave the vehicle without having to rush.
- Once you are off, stand well back.
- Never try to cross a road before the tram has moved away.
- Never cross the road or train/tram track until you can see clearly both ways.
- Don't cross the road in front of a tram or between parked cars.

What else should you do?

- Keep your property close to you at all times.
- It is a good idea to always carry a phone card or money for a phone call.
- Ring home if you will be late.
- Don't be afraid to look for a police officer, public transport staff or a Safety House if you have any problem. You are important and your safety is your first priority.

What happens if you miss your tram or train?

Anyone can have a bad day. You may miss the tram or the train may be cancelled, so what are you going to do to make sure that you are safe and that people at home are not getting worried

when you don't turn up on time?

This is something important that you need to discuss with your parents before it happens. You need to work out a plan of what you would do and then stick to the plan. You will know how you are getting home and your parents will know exactly the same thing.

For resources and further information: The Safety House Association of Victoria Inc.

31 Concord Crescent,
Carrum Downs, VIC 3201

T (03) 9775 0099

T Freecall 1800 626 840

W www.safetyhouse.org.au

*Our thanks to the Safety House Association for
contributing this section.*

Responsibility and independence for older children

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Guidelines to assist parents

As parents, you will need to decide how old a young person should be before they are left at home on their own.

Parents have obligations towards their children as defined in the *Children, Youth and Families Act 2005*. This Act states that as a parent or guardian it is an offence to fail to protect children from harm. Parents and guardians have a duty of care in respect to a child and it is an offence to leave a child unattended. A person who has control or charge of a child must not leave the child without making reasonable provision for the child's supervision and care for a time which is reasonable in regards to all the circumstances of the case.

The age when young people no longer need supervision will depend on many varying factors. Not all teenagers have a mature sense of responsibility to be left alone.

When assessing each individual situation consider the following:

- How far away you are?
- How long you are away?
- How accessible are you (or a nominated friend or neighbour)?

Consider also if the young person has an adequate:

- Maturity
- Sense of responsibility
- Understanding of actions and consequences
- Knowledge of what to do in an emergency
- Ability to follow instructions
- Ability to carry out action plans and emergency procedures.

Note: Young people may be responsible enough to be left alone but may not have the ability to also care for younger siblings until they are much older.

Encourage responsibility in children:

- Ensure emergency numbers are entered into the phone speed dial.
- Establish with your children basic rules around safety and security. Make sure they know these basic rules.
- Rehearse and reiterate:
 - What to do in an emergency.
 - What they can touch, what they must not touch, including the use of electrical appliances.
 - Security doors to be kept locked at all times, access to keys, the possibility that it is better not to answer the door at all rather than talk to someone unknown.

It is important to teach children and encourage them to:

- Understand their own body signals, which will help them recognise when they are feeling unsure or unsafe.
- Trust their body signals when they do feel unsafe.
- Take action when they feel unsafe to make themselves feel safe again.
- Identify networks of trusted people around them who they can call and rely upon to help e.g. friends, relatives, neighbours.

When answering the telephone:

- Always have a list of emergency or network numbers available near the phone.
- Never tell someone unknown that they are home alone – always say that mum or dad

can't come to the phone right now and take a message.

- If a caller asks, 'What number is this?' Reply with 'What number are you trying to call?'
- If you have an answering machine, use it. Only answer calls from people that you know, otherwise let them leave a message.
- If you receive an obscene phone call, hang up immediately.
- Don't be tricked into having conversations with people you don't know.

When answering the front door:

- You do not have to answer the door, look through a side window to see if you know the person first.
- Always ask, 'Who is it' before answering the door, if you don't know who it is, don't open.
- Talk to unknown people through the door or through a locked security door, especially when you feel unsafe.
- **Never** invite someone you don't know into your house.
- If a person refuses to leave, call the police.

General

- Have a plan for when the child is home alone.
- Have an escape route planned for any emergency and a fire evacuation plan and practice these.
- Keep doors and windows locked when inside the house, make sure that keys are accessible and that doors can be opened if there is an emergency.
- Don't allow unsupervised use of dangerous electrical appliances.
- Have guidelines on what utensils can be used for food preparation.
- Practice scenarios with your children to prepare them for all occasions and to help them turn unsafe situations into safe situations.

For further information contact:

Victoria Police

Community and Cultural Division
Concourse level

Victoria Police Centre

637 Flinders Street, Melbourne 3005

T (03) 9247 5306

W www.police.vic.gov.au

Our thanks to the Victoria Police, Community and Cultural Division for contributing this section.

Protective behaviours for children

Being a parent is a challenging and exhilarating job, a roller coaster of feelings and experiences. This can be especially so when you are parenting a 10 – 12 year old.

At this age, children are on the cusp of adolescence; they are in the eldest group of children in the primary school and are taking on leadership roles in their classrooms as well as on the sports arena.

Children 10 – 12 years old are beginning to want to explore their world more, they are spending more time away from you but you still worry about them and want to make sure they are safe.

Children in this age group need to know that their parents care for them enough to set reasonable limits to keep them safe.

Children of all ages need to:

- Be treated with respect
- Have their successes acknowledged
- Know it is their behaviour that is disappointed of, not them
- Be offered encouragement for endeavours
- Be listened to
- Know all feelings are OK, but some expressions of feelings are not.

Key messages for parents

As parents of 10 – 12 year olds it is most important that the communication channels are wide open.

Listening to children and carefully observing their body language will allow you to pick up on any signal from your child that something is not ok.

Children may not be able to tell you that they are feeling unsafe or something is not ok for them. Perceptive parents will pick up a

change in behaviour and then can ask how the child is feeling; this may prompt the child to begin to share something.

Parents quickly learn to avoid asking a child ‘How was your day?’ as they get the universal answer ‘Fine’ and when asking, ‘What did you learn?’ get the answer ‘Nothing’. Parents who comment on a child’s body language, ‘You look sad, happy’, etc. have more chance of opening up the channels of communication to allow the child to share how they are.

Parents are the child’s primary caregivers and their behaviour is a model for children.

It is important that parents are able to manage their own anger, knowing what triggers their anger and what socially acceptable outlets parents use to release the anger. The feeling of anger is a very healthy feeling and essential to motivating society to make changes, address inequalities etc. However some adults express feelings of anger in inappropriate ways through violence and abuse. Parents who get angry and release it in a socially appropriate way teach their children the difference between the feeling and how to safely express it. Parents need to teach their children appropriate ways to release their feelings.

Parents also need to think about their problem solving skills. It is ok for children to witness their parent’s arguments as long as they resolve them in a way that models respect, appreciating the other’s point of view and finally is resolved with a win-win outcome. This process teaches children how to keep safe in a possibly volatile situation. Keeping their cool and learning how to resolve conflict situations in a peaceful win-win way will help keep kids safe.

Resources for parents and teachers

Protecting children from harm is a responsibility shared by the family, the general community, community agencies, and professionals working with children such as police and government. Each has a significant role to play to ensure the safety and wellbeing of children and young people and to help prevent harm from occurring.

The Department of Education and Early Childhood Development has an existing, comprehensive approach to the protection of all students through operational practice, educational and student services and partnerships with family and community. This approach encompasses both preventative and responsive elements.

Child protection and safety issues are also addressed through a service agreement with the Children's Protection Society to support schools' capacity to build a safe and supportive environment, including the delivery of the Personal Safety and Protective Behaviours Program, which includes components concerning teachers' response to issues of abuse and mandatory reporting. Schools provide programs and curriculum which encourage healthy, broad based personal development, including the development of personal skills to respond to situations of potential or actual danger. *Safe From Harm - The Role of Professionals in Protecting Children and Young People* is a resource available to assist education professionals. To download this document

W www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/SafeFromharm.pdf

W www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/SafeFromHarmMod4.pdf

The National Association for Prevention of Child Abuse and Neglect (NAPCAN) is a national organisation committed to the prevention of child abuse and neglect in its many forms. Napcan raises community awareness about the issues of child abuse and neglect, parenting and children's well being. NAPCAN also aims to open the lines of

communication between the many community groups and professionals. Napcan initiates and supports appropriate prevention programs and operates as a lobby group for the implementation of reforms in child protection.

NAPCAN produces a range of free resource materials for parents, caregivers, educators and children.

Information is available on:

- Parenting tips
- Alternatives to hitting
- Cool down before things heat up
- 30 ways to boost a child's confidence
- Children grow with love and care
- When I feel sad and hurt
- What is child abuse?

And many more which can all assist parents in the important job of bringing children up to feel safe in all aspects of their lives.

For further information contact:

NAPCAN Vic.

247–251 Flinders Lane

Melbourne VIC 3000

T (03) 9654 9552

W www.napcan.org.au/vic

E vic@napcan.org.au

Thank you to Napcan for contributing this section.

Discussing safety with your child

What does 'safety' mean to you?

There are many ways to talk to children about safety, emphasising that 'We can't **scare** people into feeling safe'. When we discuss safety with children it is important that we do not leave them feeling afraid and disempowered, but instead that we provide them with awareness of their own safety and help-seeking strategies regarding what to do if they feel unsafe.

Key messages for parents

Ask your child what 'safety' means to them, and use as many everyday examples as possible to talk about the times they do and don't feel safe, exploring what they can do in those unsafe times to help them feel safe again.

Share your experiences with them, emphasising that we all have times when we don't feel safe.

You could use 'Even if...' questions to discuss safety with your child, eg. How could you keep yourself safe even if...?:

- You heard a strange noise at night?
- Someone bullied you?
- You got lost?
- You were late in being picked up from school?
- Someone you didn't know asked you to go somewhere with them?

Or make up your own 'Even if...' questions.

How can you talk to your child about safety without making them feel afraid?

The most important factor when discussing safety with your child is keeping the communication channels open, letting your child know they can talk to you about **anything**.

It is also vital that you help your child identify a 'safety network' of trusted adults who they can talk to if you are unavailable.

Discussing an 'emergency network' is also important, identifying who your child could go to if they felt unsafe in a place where their ordinary network of people were not available.

Further resources for parents and teachers

Protective Behaviours, a personal safety program (Victoria) Children's Protection Society

When we are thinking about the safety of children, it is important to ask two key questions:

- 1** Do children understand the concept of 'safety', and can they recognise when they are not feeling safe?
- 2** Do children know what to do, or who to turn to if they do not feel safe?

Children need to understand the importance of

their 'body signals' or 'early warning signs' that act like an internal alarm bell to tell us when we don't feel safe, and also to have strategies for what to do when the alarm bell rings.

Protective Behaviours, a personal safety program encourages parents, teachers, and other people responsible for the care of children to educate them about safety, providing knowledge and skills to help children keep themselves safe. This program stresses the need to 'feel' safe, as well as being safe, recognising the importance of psychological or emotional safety.

It is important to resist the language of 'stranger danger' with children, as the reality is that many people who pose a risk to children may not be strangers at all, but may be well known to the child. Instead, children need an awareness of their own feelings of safety and skills to seek help in times when they do not feel safe.

Protective Behaviours, a personal safety program has two key themes:

- 1** We all have the right to feel safe all of the time.
- 2** Nothing is so awful that we can't talk about it with someone.

Training in Protective Behaviours, a personal safety program is available for parents through the Children's Protection Society, providing strategies to discuss safety issues with children.

Further information

If you are interested in attending a Parent Information Session, please contact:

Children's Protection Society

Coordinator of Training & Community Education

70 Altona St, West Heidelberg VIC 3081

T (03) 9450 0900

W www.cps.org.au

Our thanks to Children's Protection Society for contributing this section.

Children and online technologies

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Internet advice for parents

Children today are growing up in a world where the internet has always been available, and is an essential tool. They are ‘digital natives’, always surrounded by online technology and accessing the internet from an increasingly early age.

Children use the internet for many reasons. These include:

- finding assistance with school assignments
- learning skills, research and gaining knowledge
- for entertainment
- meeting new people who share similar interests and
- keeping in touch with friends.

There are many ways for children to get online. There are many benefits — but there are also some risks.

In learning and applying safe internet skills, and sharing these with their children, parents can help keep them safe and ensure that the whole family enjoys positive online experiences.

Following are some of the most common issues faced by parents are their children, and some hints and tips for how to address these issues.

Cyberbullying

Cyberbullying is defined as the use of information communications technology, particularly mobile phones and the internet, deliberately to upset someone else. Children using online technologies can be cyberbullied or harassed through internet services like email, chat rooms, instant messaging or social networks.

Advice for parents

Cyberbullying includes teasing, spreading online rumours and sending unwanted or threatening messages or defamatory material.

Common signs that a child is being cyberbullied might include:

- Changing patterns of how they use the computer, such as seeming unhappy when they have been online
- Receiving a sudden increase in SMS messages
- Becoming withdrawn, appearing distressed
- Becoming anti-social, avoiding friends
- Falling behind in homework, being reluctant to go to school.

While cyberbullying can have a damaging effect, parents can encourage their children to take control of the situation. They can do so in a number of ways.

- Ignore — advise children not to reply to any messages from a bully. Often if bullies don't receive a response they will give up.
- Block — learn how to block a bully, so they can't make contact.
- Collect evidence — keep a record of the harassing messages and any replies. This may help parents, or the authorities, if necessary, to find out who is sending them.
- Keep usernames and passwords secret. If someone misuses a username and password to post damaging information about a child it can be difficult to remove.
- Report — children should learn to recognise messages that are threatening and tell a parent or carer immediately. Cyberbullying, if threatening, is illegal and can be reported to the police.
- Contact the website administrator (often known as the webmaster) to ask for content

to be removed, if bullying information has been posted on that website.

- Contact the phone provider and report unwelcome calls or text messages.

Helpful tips

- Check the privacy settings on websites and see how to report abuse.
- Use support services such as the Kids Helpline or the Bullying No Way website.
- Talk to the child's school if cyberbullying involves another student.
- Report threatening messages to the police.

Exposure to inappropriate material

Online, children may be exposed to inappropriate material, such as sexually explicit content or sites that promote violent or racist views inadvertently.

Advice for parents

The Australian Communications and Media Authority (ACMA) administers the Online Content Co-regulatory Scheme which enables members of the public to complain directly about online content they believe is prohibited by law. An online complaint form is available on the ACMA website at www.acma.gov.au/hotline.

ACMA can take action about internet content that falls within the classification RC (refused classification) or X18+. This includes content that contains:

- Detailed instruction in crime, violence or drug use
- Child pornography
- Material that advocates the doing of a terrorist act.

ACMA can also take action about content that falls within the R18+ and MA15+ classifications if it is hosted in, or provided from, Australia and is available to minors. This includes content that contains implied sexual activity, strong violence or other material that requires an adult perspective. For more information on ACMA's role in regulating online content visit the ACMA website.

Helpful tips

- Learn about safe searching techniques and share this with your children.

- Identify safe or child-friendly websites.
- Report to ACMA any material suspected of being prohibited.

Privacy

Without considering the consequences, children sometimes post private information about themselves online. This can include their name or address, photographs, a mobile phone number, their school name and details of their friends or families. Providing personal information online can result in being targeted for spam, advertising material or viruses. In some cases, websites prompt users to reveal private information on forms or through pop-ups. Not all these requests are legitimate.

Advice for parents

To help guard privacy, children should be encouraged to ask a parent or carer before they give anyone on the internet their personal details. Once information is posted online it is very difficult to remove.

Children should be encouraged to learn how to use the privacy settings on their profile sites, so that information they post is not publicly accessible.

Helpful tips

- Contact the author or the web administrator if a website contains personal details that have been disclosed without authorisation or their children's personal details. Web administrator details are commonly located on website home pages.
- Contact the Office of the Federal Privacy Commissioner if personal details have been mishandled by a Commonwealth Government agency, or a private sector organisation in Australia.

W www.privacy.gov.au.

Spam

Any internet user, including children with a personal email address or mobile phone, can receive unwanted messages. These are called spam. Spam messages may be inappropriate,

offensive or contain computer viruses. They frequently promote products or services. Responding to these messages can lead to further spam.

Simple safety rules apply—if the message is from someone you don't know, don't click on any link in the email and don't respond in any way.

Advice for parents

It is illegal to send, or cause to be sent, unsolicited commercial electronic messages. This includes email, instant messaging, SMS and MMS — text and image-based mobile phone messaging—of a commercial nature. It does not cover faxes, internet pop-ups or voice telemarketing.

Complaints about spam sent from within Australia can be made to ACMA via the online form on the ACMA website.

ACMA has a number of tools available to report spam including the SpamMATTERS reporting button which home users can download as a simple reporting button from:

W www.acma.gov.au/spam.

Helpful tips

- Report any suspected spam to ACMA.
- Download the SpamMATTERS reporting button.

Unreliable information

The internet is a valuable research tool for children, providing a wide range of useful information. Children may not realise that information on some websites misrepresents the truth, is misleading, out-of-date, biased or simply incorrect. For example, websites with racist material may claim to tell the truth about complex social, cultural or historical issues in a way that appears logical and plausible, but isn't.

Advice for parents

Children need to be able to distinguish fact from fiction online. They also need to develop good browsing and searching skills to ensure they visit safe sites and find appropriate information.

Helpful tips

- Assist children in finding good websites and safe searching techniques.
- Help children review a website before using it. How old is the information? Who wrote the information? Does the website have contact details or statements on privacy or copyright? If not, advise the child to find another website.

Socialising online

Social networking happens on a variety of services like YouTube, MySpace, Facebook and Twitter. These websites allow users to create profiles, communicate with others and form networks of friends. Social networking sites allow users to:

- create communities of friends
- create and download video content
- share still photos.

Advice for parents

Where inappropriate information appears on a social networking website, users can contact the website administrator to request that the offensive content is removed.

Social networking sites generally have policies about unacceptable content and restrict content that users are allowed to upload. Some sites limit false profiles, content containing nudity or which presents violence. Website administrators generally rely on complaints from other users in identifying unacceptable content.

Users can also complain to ACMA about offensive or illegal material including text, photographs or videos. ACMA may take action if the material meets the criteria for prohibited content.

Complaints about content can be made using an online complaint form at:

W www.acma.gov.au/hotline.

Helpful tips

- Set house rules about when children can give out or share personal information such as name, address or mobile number.
- Advise children to set profiles to 'private' so

that only people they want to see it can.

- Encourage children to think before they put anything online. Information posted online can be there indefinitely.
- Encourage children to be careful when making new friends online—they might not be who they say they are.
- Report any material suspected of being prohibited to ACMA.
- Report abuse or inappropriate content to the website administrator and show children how to do this.

Communication

Children use a variety of services to communicate online. These include chat rooms, blogs, forums, newsgroups, email, multiplayer games, virtual worlds, social networks and instant messaging. Internet users may be able to chat in real time, express opinions, send files, view others through webcams, publish and share personal information including photographs.

Advice for parents

The internet is a public place and the same cautions about interacting with others in real life apply online. Children can forget that people they meet online may not be who they say they are or may experience cyberbullying when communicating online.

Helpful tips

- Contact the police if a child is in immediate danger from contact made online.
- Advise children that if someone writes something rude or something that makes them feel uncomfortable, they should not respond, and should leave the area immediately.
- Advise children not to open messages from people they don't know.
- Encourage children to remember that online friends are really strangers no matter how long they've known them online. Children should speak to a parent or carer if an online friend asks to meet in real life.
- Advise children to think twice about accepting new 'buddies' or friends.
- Advise children to use an appropriate online

name, not their real name, and not give out private information.

- Learn how to block people. Users may not wish to see messages from a particular person or receive private messages from them.
- Report abuse to the website administrator. Contact details will generally be posted on the site.

Our thanks to the Australian Communications and Media Authority (ACMA) for contributing to this section.

Internet advice for schools and teachers

The internet is now very much a part of life and learning. As an increasingly interactive medium, it brings with it exciting educational opportunities, but at the same time it also brings some risks.

The website *Working with the Web – A guide to the ethical and safe use of the internet in Victorian schools* has been developed to help schools make the most out of these opportunities and at the same minimise risks. To find out more visit:

W www.education.vic.gov.au/management/elearningsupportservices/www/default.htm

For websites which offer support and advice in relation to cyber bullying go to:

W Netaalert www.netaalert.gov.au/home.html

W Cybersmart Kids Online www.cybersmart-kids.com.au

W Bullying. No Way! www.bullyingnoway.com.au/

W Kids Helpline www.kidshelpline.com.au

Talk to someone

Kids Help Line

T 1800 55 1800

W www.kidshelp.com.au

Reach Out

W www.reachout.com.au

Email: info@reachout.com.au

Life Line

T 13 11 14

W www.lifeline.com.au

**For further information contact:
Cybersafety Contact Centre**

For advice about online safety issues

T 1800 880 176

**Australian Communications and Media
Authority**

For further advice about online safety issues

T 1300 669 024

W www.acma.gov.au

T www.cybersmartkids.com.au

Federal Privacy Commissioner

T 1300 363 992

W www.privacy.gov.au

SCAMwatch

T 1300 302 502

W www.scamwatch.gov.au

**The Department of Broadband, Communi-
cations and the Digital Economy**

Advice about online security issues

W www.staysmartonline.gov.au

**Internet Industry Association Security
Portal**

Further advice about online security issues

T 02 6232 6900

E info@iia.net.au

W www.security.iia.net.au

Report a Crime

Crime Stoppers

T 1800 333 000

Australian High Tech Crime Centre

Further advice and to report Electronic Crime

W www.ahtcc.gov.au

**Australian Federal Police, Child
Protection Operations Team**

Further advice and to report suspected online
child abuse or exploitation

E national-OCSET-omc@afp.gov.au

W www.afp.gov.au/contact.html

Staying safe on MySpace – A guide for parents

About MySpace

MySpace.com is one of the internet's leading social destinations for connecting with friends, discovering content and culture, and making a positive impact on the world. By integrating web profiles, blogs, instant messaging, email, member forums, music, video, photo galleries, classified listings, events, groups and school and university students, MySpace has created a more connected community.

The following provides parents with information on how to address MySpace-related issues that may arise as a result of teens using MySpace and how to contact MySpace with questions or concerns that relate to your teen's use of the site. It is important for parents and users generally to note that the MySpace Terms of Use Agreement only permits those aged 13 years or older to use the site.

How your teens are using MySpace

Your teens are using MySpace to connect with friends and find other people that share similar interests. They are using MySpace to discover new content and culture, as well as express themselves, their thoughts, ideas, creativity, and opinions on politics, art, music and life. They do this through blogs; choosing the design of their MySpace page; the music, movies and books that are listed as their favourites; the original or favourite art or photography they display on their page; and the way they describe themselves in the 'About Me' section of their profile. They may be discovering and showcasing all their various talents, such as filmmaking, comedy or music by sharing their accomplishments on areas of the site; and they are learning about new musicians and artists in the same way. They may be joining support groups for broken families, eating disorders or depression to help each other through the difficult and tumultuous times teens often encounter. In addition to all this your teens are being exposed to different cultures and countries as MySpace continues launching throughout the world.

How to discuss your teen's MySpace profile

Now that you know a little more about how and why your teens are using MySpace, you can begin a discussion with them about their profiles and their use of the site. Ask them what kind of information they have posted online. Ask them to show you what their MySpace page looks like and how they created it. Have them tell you about their 'Top Friends'. Ask them to take you through what they typically do on MySpace, whether it is search for new music or message with friends from their sports team. These are the same questions you ask when they come home from school – just applied to a different space.

While you're talking with them about their MySpace profile, you can remind them that the same rules apply in the online world as do in the offline world. For example, you tell them not to talk to strangers when they leave the house. That holds true online. You tell them not to open the door of the house to anyone they don't know. That also holds true online. The rules which you have taught them to apply in the physical world to keep them safe translate easily to the online space, and your teens need your guidance, your rules and your discipline while they navigate both the physical and online worlds.

Here are some simple rules for Internet Safety to share with your teen:

- Don't forget that MySpace profiles and forums are public spaces. Don't post anything you wouldn't want the world to know (such as your last name, phone number, home address, IM screen name or specific home address). Avoid posting anything that would make it easy for a stranger to find you, such as where you hang out every day after school or your school name and location.
- People aren't always who they say they are. Be careful about adding strangers to your friends list. It's fun to connect with new MySpace friends from all over the world, but avoid meeting people in person whom you do not fully know. Be careful when adding your friends' friends to your own list. If you

must meet someone, do it in a public place and bring a friend or trusted adult.

- Harassment, hate speech and inappropriate content should be reported. If you feel someone's behaviour is inappropriate, react. Talk with a trusted adult, or report it to MySpace or the authorities.
- Don't post anything that would embarrass you later. Think twice before posting a photo or information about you that you wouldn't want a potential boss, teacher or a family member to see!
- Don't lie about your age. MySpace diligently protects its users of varying ages. When you lie about your age you circumvent these safety measures and MySpace must take action on your profile upon discovering the misrepresentation.

Please remember that your role is critical when it comes to communicating and enforcing these rules. Your children should not be on MySpace if they are under the age of 13, however you can always begin a dialogue regarding internet safety regardless of age.

How to contact MySpace.com

MySpace is committed to addressing any problems that parents may have regarding the site as soon as possible after these concerns are raised. MySpace has created an e-mail address for the exclusive use of parents at:

E parentcare@myspace.com.

This email address should be used only by parents who are trying to contact MySpace about an issue related to their child's use of the site. For other contacts at MySpace, go to myspace.com and click on the 'Contact MySpace' link at the bottom of the page.

Protecting your teens online

Underage users

While persons under the age of 13 do attempt to register under false dates of birth, MySpace actively endeavours to identify and remove such underage users through the use of an advanced algorithm. MySpace deletes thousands of profiles per week for age misrepresentation.

Parents can help MySpace enforce its age restrictions. If you have children who are under the age of 13 and have MySpace accounts, please email the web addresses/ URL of their profiles to parentcare@myspace.com so that they can be removed from the site. Please be sure to include the following in the email:

- The web address of the child's profile
- Your relationship to the child
- The actual age of the child
- Your contact information.

For additional contact information, visit the MySpace parents' section at:

W myspace.com/safetyaustralia

Site wide safety infrastructure

MySpace utilises numerous techniques to increase the safety of all of its users, and especially that of its younger users. This safety infrastructure makes it all the more important that your teens use their correct age when joining MySpace.

MySpace has incorporated protections into the website that are appropriate to the age of its younger users. The youngest users on MySpace have the most stringent built-in safety protections. All 13 – 17 year old profiles are automatically set to private upon signup. By default, only adults who know either the last name or email address of a 13 – 15 year old member can add that member as a friend. Additionally, the only individuals who can see profiles of 13 – 15 year olds are individuals on their 'Friend' list; 13 – 15 year olds' profiles can be made public only to other minors on the site.

All users under the age of 18 can block all users over the age of 18 from contacting them or viewing their profile, and vice versa. As teen users get older MySpace provides them with additional freedoms, for example, 16 – 17 year olds can choose to change some of the default privacy settings.

Software

In addition to the safety infrastructure explained above, MySpace has developed a free software tool called ParentCare to help parents

determine whether their teen has a MySpace profile and the age, username, and hometown they have nominated. For more details about the program and instructions on how to download and install ParentCare, go to:

W myspace.com/parentcare.

MySpace's goal is to empower you as parents to engage in conversations with your teens about internet safety and this software tool is another step in a continued commitment to developing safety and security programs for its online community.

Once this software is installed on your computer, it will identify the profiles of anyone who has signed onto MySpace using that computer, and will provide you with the corresponding username, age, and hometown. Any changes to the member's username, age, and hometown on MySpace, regardless of where the user logs in, will be recorded by the software so long as the home computer was on when the changes were made.

MySpace is always looking for new and better ways to ensure a safer user environment and the ParentCare software is an important step to empower parents and initiate conversations about online safety.

Content

MySpace expects its users to strictly adhere to its Terms of Use, and can delete user accounts for uploading inappropriate videos or images, or taking part in hate speech or harassment. MySpace makes every effort to review all images, profiles and videos hosted on the site. MySpace also relies on its users to report any content, contact, spam or area of the site that violate its Terms of Use. MySpace takes these reports very seriously and takes appropriate action. Please encourage your teens to report any and all activity that they feel should be reviewed by MySpace.

How to remove an imposter profile

If your teen discovers that a false MySpace account has been created with their likeness and/or identity, MySpace will remove the profile in question following an imposter profile removal

process. Guide your teen to make contact through the 'Report Abuse' link located at the bottom of the page of the imposter profile so that the removal process can be initiated.

How to remove your teen's MySpace profile

MySpace is committed to helping parents with any inquiries they have regarding their teen's profile on the site.

If you would like to remove your teen's MySpace profile, or have concerns that your teen has not reflected his/her appropriate age, please visit online so that MySpace may directly assist you. Please go the MySpace Safety site at:

W myspace.com/safetyaustralia

or click on the 'Safety Tips' link at the bottom of every MySpace.com page.

Cyberbullying

Cyberbullying has been described as an aggressive, intentional act carried out by a group or individual, using electronic forms of contact, repeatedly and over time against a victim who cannot easily defend him or herself and it is an issue that MySpace takes seriously. MySpace's Terms of Use specifically prohibit cyberbullying and other similar conduct and MySpace attempts to respond quickly to any instances of such conduct that it discovers.

If your teen is a victim of cyberbullying on MySpace, please instruct him or her to do the following:

- Click the 'Report Abuse' link located on the bottom of the MySpace.com web page that carries the bullying content. A screen-shot of this page will be sent with your report.
- In the 'Complaint' field select 'Cyberbullying' from the drop down menu.
- Include a brief description of what has occurred in the 'Additional Information' field.
- Click the 'Submit' button.

Upon receiving this report, MySpace will investigate and take appropriate action.

Appropriate remedial action taken by

MySpace in response to cyberbullying includes, but is not limited to, recommending that the user block the cyberbully from contacting them and permanently removing the account of the cyberbully.

It is usually best for those teens who are the subject of cyberbullying to contact MySpace themselves in order to expedite a resolution. Additionally, in case more information is needed from the teen, such as copies of the messages sent by the cyberbully, as well as links to the profile in question, it is easier to gather this information directly from the teen. Teens who are victims of cyberbullying should consider that deleting harassing messages may impact on the ability for MySpace or other authorities to investigate a complaint.

Parents can report cyberbullying to parent-care@myspace.com. Keep in mind that it will be helpful to MySpace staff in rectifying the problem if you have the following information when making contact:

- The MySpace.com web address (URL) of the victim of the cyberbullying.
- The MySpace.com web address (URL) of the alleged cyberbully.
- Copies of messages and/or other forms of communication sent by the cyberbully to the victim.
- Your relationship to both (or one) individual(s) involved.
- Your contact information.

Most of the above is information you will need to get from your teen when they approach you. Without it, it will be difficult for MySpace to address the complaint.

Parents should also be encouraged to work with any teens involved in order to resolve the issue. MySpace cannot meet with the teens in question to discuss the situation. As a parent who may know the teens in question and can actually meet with them if necessary, your assistance in matters of cyberbullying can often help better resolve the situation. Another resource at your disposal is the educational community. You may want to contact your teen's school administration for assistance.

If you hear about any kind of physical threats posted on MySpace, please gather as

much information as possible on the threat and contact your local police immediately, so they can take appropriate action, including contacting MySpace. MySpace regularly works with law enforcement authorities where criminal conduct is involved.

The information you gather should include as many of the following items as possible:

- The method of transmission of the threat (such as a bulletin, blog or private message).
- A print-out copy of the web page that shows where the threat is posted.
- The MySpace.com web address (URL) of the alleged cyberbully.

You should also copy, paste and send links to where the threats are posted in an email to parentcare@myspace.com. Please also be sure to include your contact information.

Community and Collaboration

MySpace collaborates with state and federal law enforcement on issues involving child exploitation, missing or runaway children, or other relevant matters. MySpace has created a 24-hour hotline for law enforcement, as well as a guide to aid law enforcement in their investigations.

MySpace enlists the help of the community and organisations such as the Australian Federal Police and State and Territory Police, the Australian Communications and Media Authority, the National Association for Prevention of Child Abuse and Neglect and The Melbourne Royal Children's Hospital Safety Centre to achieve the goals of safety enforcement and education.

Internet safety is an important topic in the advancing technological world, particularly where those under the age of 18 are involved.

MySpace remains available to assist parents, families and the community in general in furthering the safety of the community of users.





promoting
children's safety
is good use of
everyone's energy

The **Royal Children's**
Hospital Melbourne



www.rch.org.au/safetycentre



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